

-FILED-

APR 26 2024

At _____ M
Chanda J. Berta, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF INDIANA

IN THE
INDIANA COURT OF APPEALS

Cause No. 23A-CT-1091

2:24-cv-149

Sonya Winkler

v.

Franciscan Alliance, Inc.

and

David John Harris MD

Appeal from Lake,
Superior Ct,

Cause No.

45DD1-2104-
CT-000397

Honorable Sedia

Notice of Removal because
more parties have been added,
the amount in controversy is over
\$75,000. Due process rights are
being violated, defendants violated
federal statutes regarding non-
profit organization, and the public's
health is at stake.

The 14th Amendment to the U.S.
Constitution, provides that "no State
shall deny to any person within its
jurisdiction the equal protection
of the laws."

Address

Sonya Winder
3826 - 170th Street
Hammond, IN. 46323

(219) 289-4840

UNITED STATES DISTRICT COURT for the
Northern District of Indiana
Hammond Division

VERIFIED THIRD PARTY COMPLAINT FOR MEDICAL MALPRACTICE, BATTERY,
FRAUD ON THE COURT, FRAUD, MISREPRESENTATION, ATTORNEY DECEIT,
COLLUSION, BREACH OF CONTRACT, BAD FAITH, MENTAL TRAUMA,
INTENTIONAL INFILCTION OF EMOTIONAL DISTRESS, LOSS OF FREEDOM,
BREACH OF FIDUCIARY DUTY, CONVERSION, UNJUST ENRICHMENT, AND
INVASION OF PRIVACY

Sonya Winkler, Plaintiff
v.

2:24-CV-149

David John Harris M.D., Defendants
and
Franciscan Alliance, Inc.
v.

Donald John Trump, in his official capacity
Michael Pence, in his official capacity
Eric Holcomb, in his official capacity
Curtis Theophilus Hill, Jr., in his official capacity
Scott Miller, Hammond School Board Superintendent
Carlotta Blake, Hammond City School Board Member
Lisa Miller, Hammond City School Board Member
Cindy Murphy, Hammond City School Board Member
Manny Candelaria Jr., Hammond City School Board
Kelly Spencer, Hammond City School Board
Jeff Strack
Judge Kennedy Snyder
F.O.P. Association
Hammond Councilman Scott Rakes
Hammond Councilman David Worple

Hammond Councilman Selenas
Hammond Councilman Tyler
Hammond Councilman Spitalle
Hammond Councilman Velez
Michael Paul Misch
Myra Renet Reid
Cary Powell Moseley
Postmaster
Tyler Technologies
Thomas Collins
Phil Scheringer
Representative Jackson
Pickleball Association
City of Hammond Firefighter Stephan Birdinski
City of Hammond Firefighter Carl Repay
City of Hammond Firefighter Mike Berdine
City of Hammond Firefighter Ryan Agiano
City of Hammond Firefighter David Weiss
City of Hammond Firefighter Daniel Dambala
Ann Tyler
Phil Talon

Nick Loxis
Todd Rokita, in his official capacity

My address is to remain private. They
are coming for me anyways.

I am suing 39 defendants

I have sued David John Harris M.D.
and Franciscan. I cannot tell you
where the actual case is because
I don't know if it exists.

CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

DO NOT: Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how these events happened.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

DO NOT: Include the names of minors, social security numbers, or dates of birth.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. [*The first paragraph has been numbered for you.*]

FEDERAL PRELIMINARY STATEMENT

1. This case is subjected to removal because more parties have been added, the amount in controversy is over \$75,000, Justice's due process rights are being violated, defendants violated federal statutes regarding non-profit organizations, and the public's health is at stake.

2. The Northern District territory has subject matter jurisdiction according to the Fifth Amendment of the United States Constitution. The Indiana Attorney General's office has no jurisdiction on this case because this case involves Marion County, which is southern district.

VENUE

3. Justice comes forward as required for democracy. This is not a case of book-keeping. This case is not a minor thing in the eyes of the law. This case belongs to the

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federal court under 28 U.S.C. § 1331, the district courts shall have original jurisdiction of all civil actions arising under the United States Constitution, federal laws, or treaties is a federal question case.

PARTIES

1. At all times relevant to this cause of action, Plaintiff, was and is a resident of Lake County, Indiana.
2. In 2018, relevant to this cause of action being filed in Court, the Indiana Attorney General's office has been on this case for David John Harris, M.D. and Franciscan Alliance, Inc. (hereinafter "Franciscan").
3. In 2016, relevant to this cause of action, Defendant David John Harris, M.D. was and is a qualified healthcare provider practicing in Lake County, Indiana.
4. In 2016, relevant to this cause of action, Defendants ~~Franciscan~~^{SW}, itself, and through its employees, representatives, independent contractors and/or agents, was and is a qualified healthcare provider practicing in Lake County, Indiana. *Tyler Technologies is global.*
5. At all times relevant to this cause of action, Defendant Franciscan, was and is a qualified healthcare provider, with offices located in Lake County, Indiana.
6. At all times relevant to this cause of action, Defendant Michael P. Misch, was and is an attorney practicing in St. Joseph County, Indiana.

FACTS

1. Plaintiff presented to David John Harris, M.D. and Franciscan, for treatment of sitting pain on June 11, 2015. (Exhibit A). There was an intern

present which my former attorney, Michael Misch, never contacted. I received an injection that day for my bursitis and he ordered a MRI, which was done on June 23, 2015. (Exhibit B).

2. On July 2, 2015, Dr. Harris told me that I had a gluteus medius tear and needed surgery, he ended up writing the diagnosis on the actual MRI report and signed it. (Exhibit C). The medical record was blank (Exhibit D) from July 2, 2015 when I requested my medical records from Franciscan Medical Specialists on July 19, 2018. The release form states, "to Angel" and I initialed by "I understand that this release also pertains to records regarding the testing and treatment for alcohol/substance abuse, HIV and/or AIDS, or for psychiatric treatment or counseling or communicable disease, or genetic testing unless I have initialed here (Exhibit E). It was obtained by Franciscan Medical Specialists.
3. David John Harris, M.D. and Franciscan failed to obtain informed consent prior to the procedure.
4. An unnecessary surgery was performed on the Plaintiff.
5. The unnecessary and improperly performed surgery has now caused Plaintiff permanent nervous system injuries including:
 - Sciatic nerve injury with motor strength notable for weakness of hip abduction, hip adduction, hip flexion, knee extension, dorsiflexion and eversion primarily

- Complex Regional Pain Syndrome (CRPS), Type 1, of right lower extremity
- Allodynia, prior right lateral incision site
- Functional Neurological Disorder (FND)
- Chronic right peroneal nerve motor neuropathy with axonal damage
- Lesion of lateral popliteal nerve, right lower limb.
- Other specified mononeuropathies of right lower limb. Common fibular nerve impingement entrapment right lower extremity with weakness and drop foot deformity, superficial fibular nerve entrapment with pain in the right foot and sensory abnormalities, deep peroneal nerve entrapment right foot, mild superficial fibular nerve communication to the sural nerve leading to entrapment of sural nerve right impaired ambulation.

Other injuries include:

Hip instability, severe hip dysplasia, retroversion, re-torn labrum, loose IT band, hip ligamentum teres tear, medial patellar mal-tracking primary from poor hip ER function and secondary from internal rotation of femur, osteonecrosis of medial patella, Physical deconditioning, Muscle weakness, Muscle spasm, quadriceps atrophy, Chondromalacia - patellofemoral (grade II), early degenerative disease in medial compartment of right knee, internal derangement of right knee. Patellar

chondrosis with a zone of deep fissuring, thinning, and surface fibrillation.

Drop foot, right. Major depressive disorder and anxiety.

6. Plaintiff can no longer work, requires future surgery, and spends every second in pain.
7. Plaintiff filed suit in August of 2018 upon learning that the gluteus medius tear diagnosis was a blank record and Dr. Harris charted pre-op that there was no evidence of a gluteus medius tear on the MRI. Dr. Harris colluded with previous attorney, Michael P. Misch, who colluded with the Indiana's Attorney General Office (at the time held by Curtis Theophilus Hill, Jr.).

COUNT I

BATTERY BY DAVID JOHN HARRIS, M.D. AND FRANCISCAN

Plaintiff, Sonya Winkler, for Count I of her Proposed Complaint for Medical Malpractice against Defendant, Franciscan, states the following:

1. Plaintiff realleges rhetorical paragraphs 1 through 7 and incorporates them herein.
2. In September 2016, Defendant, Franciscan, by and through its employees, representatives, independent contractors and/or agents, provided medical evaluations, care and treatment to Sonya Winkler.
3. In September 2016, and at all times relevant to this cause of action, Defendant, Franciscan, by and through its employees, representatives, independent contractors and/or agents, owed a duty to Sonya Winkler to provide medical care within the appropriate standard of care.

4. In September 2016, and at all times relevant to this cause of action, Defendant, Franciscan, by and through its employees, representatives, independent contractors and/or agent, breached the duty it owed Sonya Winkler by failing to provide medical diagnoses and care within the appropriate standards of care.
5. Defendant, Franciscan, is liable for the negligent acts and/or omissions of its employees, representatives, independent contractors and/or agents, under the theories of respondeat superior, agency and/or vicarious liability.
6. Defendant, Franciscan, failed to properly diagnose.
7. Defendant, Franciscan, failed to obtain informed consent.
8. Defendant, Franciscan, performed an unnecessary surgery.
9. Defendant, Franciscan, failed to properly perform surgery.
10. Defendant, Franciscan, failed to diagnose a known complication from surgery.
11. Defendant, Franciscan, failed to provide adequate post op care.
12. Defendant, Franciscan, failed to attend to surgical complications in a timely manner.
13. Defendant, Franciscan, failed to refer.
14. Defendant, Franciscan, failed to maintain proper medical records.
15. Defendant, Franciscan, abandoned its patient.

16. As a direct and proximate cause of Defendant, Franciscans' breach of duty to comply with the appropriate standard of care, it proximately caused permanent damages to Sonya Winkler, including, but not limited to, additional surgery, additional corrective surgeries with a need for surgeries in the future, delayed treatment, delayed healing, delayed diagnosis, physical pain and suffering, loss of enjoyment of life, medical expenses, lost wages, longer recovery time, and permanent damages, as well as other damage all in an amount that is yet to be determined.

WHEREFORE, Plaintiff prays for judgment against the Defendant, Franciscan, in an amount reasonably adequate to compensate her for her loss and damages suffered, for the costs of this action, punitive damages for deleting medical record with the diagnosis of the partial gluteus medius tear, and for all other just and proper relief in the premises.

COUNT II
MEDICAL MALPRACTICE BY DAVID JOHN HARRIS, M.D. AND FRANCISCAN

Plaintiff, Sonya Winkler, for Count II of her Proposed Complaint for Medical Malpractice against Defendant, DAVID JOHN HARRIS, M.D., states the following:

1. Plaintiff realleges rhetorical paragraphs 1 through 6 and 1 through 15, and incorporates them herein.
2. On or about September 2016, and at all times relevant to this cause of action, Defendant, DAVID JOHN HARRIS, M.D., evaluated and treated Sonya Winkler and had a physician-patient relationship with her.

3. During this course of treatment, Defendant, DAVID JOHN HARRIS, M.D., owed Sonya Winkler a duty to provide medical care within the appropriate standard of care.
4. Defendant, DAVID JOHN HARRIS, M.D., breached the duty he owed Sonya Winkler by failing to comply with the appropriate standard of care concerning evaluation, care, and treatment of Sonya Winkler.
5. Defendant, DAVID JOHN HARRIS, M.D., failed to properly diagnose.
6. Defendant, DAVID JOHN HARRIS, M.D., failed to obtain informed consent.
7. Defendant, DAVID JOHN HARRIS, M.D., performed an unnecessary surgery.
8. Defendant, DAVID JOHN HARRIS, M.D., failed to properly perform surgery.
9. Defendant, DAVID JOHN HARRIS, M.D., failed to diagnose a known complication from surgery.
10. Defendant, DAVID JOHN HARRIS, M.D., failed to provide adequate post op care.
11. Defendant, DAVID JOHN HARRIS, M.D., failed to attend to surgical complications in a timely manner.
12. Defendant, DAVID JOHN HARRIS, M.D., failed to refer.
13. Defendant, DAVID JOHN HARRIS, M.D., failed to maintain proper medical records.
14. Defendant, DAVID JOHN HARRIS, M.D., abandoned his patient.

15. As a direct and proximate cause of Defendant, DAVID JOHN HARRIS, M.D.'s breach of duty to comply with the appropriate standard of care, it proximately caused permanent damages to Sonya Winkler, including, but not limited to, additional surgery, additional corrective surgeries with a need for surgeries in the future, delayed treatment, delayed healing, delayed diagnosis, physical pain and suffering, loss of enjoyment of life, medical expenses, lost wages, longer recovery time, and permanent damages, as well as other damage all in an amount that is yet to be determined.
16. Defendant, DAVID JOHN HARRIS, M.D.'s failure to comply with the appropriate standards of care, proximately caused permanent damages to Sonya Winkler.

COUNT III – MEDICAL MALPRACTICE BY DAVID JOHN HARRIS, M.D. AND FRANCISCAN (NEGLIGENCE INCL.)

COUNT IV - ATTORNEY DECEIT OR COLLUSION
(All attorneys listed)

The rest of counts for everyone else

COUNT V – INTENTIONAL INFILCTION OF EMOTIONAL DISTRESS (IIED)

COUNT VI – BREACH OF FIDUCIARY DUTY

COUNT VII – CONVERSION

COUNT VIII – FRAUD

COUNT IX – MISREPRESENTATION

COUNT X – FRAUD ON THE COURT

COUNT XI – BREACH OF THE COVENANT OF GOOD FAITH & FAIR

DEALING

COUNT XII – BREACH OF CONTRACT

COUNT XIII – THEFT

WHEREFORE, Plaintiff prays for judgment against the Defendants, DAVID JOHN HARRIS, M.D., in an amount reasonably adequate to compensate her for her loss and damages suffered, for the costs of this action, punitive damages for deleting medical record with the diagnosis of the partial gluteus medius tear, and for all other just and proper relief in the premises. Plaintiff requests injunctive relief against Curtis Theophilus Hill, Jr. who is running for governor as he has the power to invade.

Plaintiff demands Trial by Jury.
Plaintiff demands David John Harris M.D. lose his license.
Pro se pleads that she cannot do an appropriate justice to this complaint because they follow me everywhere.
I believe this case has merit for the sake of all of us and future generations.
Donald Trump falsified business records to cover up a battery. I no longer think it's mine. p.12

Respectfully submitted,



Sonya Winkler, pro se
3826-170th Street
Hammond, IN. 46323
(219) 289-4840

- Exhibit A see 10 it says did not bill Medicaid
B Certified records shows Medicaid bill
C Release of records from
"Franciscan Medical Specialists"
see signed/initialed not realize
it says genetic testing. They
are selling our bodies +/or
parts
D Requests for Admissions
E The response was from the
White House
F Cary Powell is Thomas Collins
wife

Cert. of Service

I verify + certify that I
Sent to Attn: on file
Via USPS on 4-26-24



Report Settings

Account: WINKLER,SONYA [988816]
Patient: WINKLER,SONYA [E496835]
Billing provider: Harris, David John, MD [62369]

Submission Information

User: [AMAD082]
Time: Fri Dec 6, 2019 9:25 AM

Transaction Information

			Service Date From	Service Date To	Total Amount
Charges					
Tx #	Procedure	Service Provider	Billing Provider	Date	Amount
6	99205-NEW PATIENT LEVEL V	Harris, David John,...	Harris, David John,...	09/06/2016	313.00
(Match Pmt) 7	2000-INSURANCE PAYMENT (INSURANCE)			09/23/2016	197.73
(Match Adj) 8	3006-PB CONTRACTUAL WRITE - OFF (INS)			09/23/2016	116.27
19	73502-CHG RADEX HIP UNILATERAL W...	Harris, David John,...	Harris, David John,...	09/06/2016	88.00
(Match Pmt) 21	2000-INSURANCE PAYMENT (INSURANCE)			12/16/2016	38.66
(Match Adj) 22	3006-PB CONTRACTUAL WRITE - OFF (INS)			12/16/2016	49.34
9	29999-PR UNLISTED PROC, ARTHROS...	Harris, David John,...	Harris, David John,...	09/28/2016	1,501.00
(Match Pmt) 17	2000-INSURANCE PAYMENT (INSURANCE)			11/18/2016	0.00
(Match Adj) 57	5057-PB DENIED TIMELY FILING ABO			08/18/2017	1,501.00
10	29999-PR UNLISTED PROC, ARTHROS...	Harris, David John,...	Harris, David John,...	09/28/2016	1,501.00
(Match Pmt) 17	2000-INSURANCE PAYMENT (INSURANCE)			11/18/2016	0.00
(Match Adj) 56	5057-PB DENIED TIMELY FILING ABO			08/18/2017	1,501.00
11	20551-PR INJECT TENDON ORIGIN/INS ..	Harris, David John,...	Harris, David John,...	09/28/2016	96.00
(Match Pmt) 17	2000-INSURANCE PAYMENT (INSURANCE)			11/18/2016	41.48
(Match Adj) 18	3006-PB CONTRACTUAL WRITE - OFF (INS)			11/18/2016	54.52
20	99024-PR POST-OP FOLLOW-UP VISIT	Harris, David John,...	Harris, David John,...	09/29/2016	0.00
23	99024-PR POST-OP FOLLOW-UP VISIT	Harris, David John,...	Harris, David John,...	11/03/2016	0.00
24	20610-PR ARTHROCENTESIS ASPIR&I...	Harris, David John,...	Harris, David John,...	11/03/2016	202.00
(Match Pmt) 15	2000-INSURANCE PAYMENT (INSURANCE)			11/18/2016	0.00
(Match Pmt) 26	2000-INSURANCE PAYMENT (INSURANCE)			12/30/2016	0.00
(Match Pmt) 28	2000-INSURANCE PAYMENT (INSURANCE)			12/30/2016	40.12
(Match Adj) 29	3006-PB CONTRACTUAL WRITE - OFF (INS)			12/30/2016	161.88
25	J3301-TRIAMCINOLONE ACET 10MG INJ	Harris, David John,...	Harris, David John,...	11/03/2016	72.00
(Match Pmt) 15	2000-INSURANCE PAYMENT (INSURANCE)			11/18/2016	7.08
(Match Pmt) 25	2000-INSURANCE PAYMENT (INSURANCE)			12/30/2016	-7.08
(Match Pmt) 28	2000-INSURANCE PAYMENT (INSURANCE)			12/30/2016	7.08
(Match Adj) 16	3006-PB CONTRACTUAL WRITE - OFF (INS)			11/18/2016	64.92
(Match Adj) 27	3006-PB CONTRACTUAL WRITE - OFF (INS)			12/30/2016	-64.92
(Match Adj) 30	3006-PB CONTRACTUAL WRITE - OFF (INS)			12/30/2016	64.92
31	99212-ESTABLISHED PATIENT LEVEL II	Harris, David John,...	Harris, David John,..	01/13/2017	85.00
(Match Pmt) 32	2000-INSURANCE PAYMENT (INSURANCE)			02/10/2017	41.38
(Match Adj) 33	3006-PB CONTRACTUAL WRITE - OFF (INS)			02/10/2017	43.62

EXHIBIT

34 99213-ESTABLISHED PATIENT LEVEL III	Cooper, Melissa L...	Harris, David John...	02/07/2017	110.00
(Match Pmt) 35	2000-INSURANCE PAYMENT (INSURANCE)		02/24/2017	60.74
(Match Adj) 36	3005-PB CONTRACTUAL WRITE - OFF (INS)		02/24/2017	40.26
37 73630-CHG X-RAY FOOT 3+ VW	Harris, David John...	Harris, David John...	03/07/2017	60.00
(Match Pmt) 40	2000-INSURANCE PAYMENT (INSURANCE)		03/24/2017	27.28
(Match Adj) 41	3005-PB CONTRACTUAL WRITE - OFF (INS)		03/24/2017	32.74
38 72170-CHG X-RAY PELVIS 1/2 VW	Harris, David John...	Harris, David John...	03/07/2017	100.00
(Match Pmt) 42	2000-INSURANCE PAYMENT (INSURANCE)		03/24/2017	29.90
(Match Adj) 43	3005-PB CONTRACTUAL WRITE - OFF (INS)		03/24/2017	70.10
39 99214-ESTABLISHED PATIENT LEVEL IV	Cooper, Melissa L...	Harris, David John...	03/07/2017	150.00
(Match Pmt) 44	2000-INSURANCE PAYMENT (INSURANCE)		03/24/2017	102.84
(Match Adj) 45	3005-PB CONTRACTUAL WRITE - OFF (INS)		03/24/2017	47.16
Payments		Matched to charges		596.19
Adjustments		Matched to charges		3,681.81

Note: This report contains only those payments and adjustments which are matched to the charges listed in the Charges section.



MRO
1000 Madison Avenue
Suite 100
Norristown, PA 19403

Medical Records Transmittal

Date: 1/13/2024

Request Number: 77867927

Page Count: 61

Your requested medical records are attached.

Patient Name: SONYA WINKLER

Medical Facility: Franciscan Health Munster

Requester: WINKLER SONYA

Organization: Patient

Your reference number:

Thank you,

MRO

MROcorp.com

*Exhibit
B*



BUSINESS RECORDS CERTIFICATE OF AUTHENTICITY

SONYA WINKLER

Patient's Full Name:

E496835/ DOS 9/28/2016 Medical Records and Bills
Patient's MRN/CSN:

I am the custodian of the records of

Franciscan Health -Munster at 701 Superior Avenue Munster, IN 46321

I am familiar with the type of documents and records received, created, and relied upon by Hospital in the ordinary course of its business. I certify that the records listed below were:
a.) made at or near the time by or from information transmitted by someone with knowledge; b.) the records were kept in the course of a regularly conducted activity of a business, organization, occupation, or calling, whether or not for profit; c.) making the records was a regular practice of that activity; and d.) if such records are not originals, such records are a duplicate of the original. This certification is given by the custodian of the records instead of the custodian's personal appearance.

I certify under penalty of perjury that the foregoing is true and correct.

Valerie Kus

Digitally signed by Valerie Kus
Date: 2024.01.08 15:58:19 -06'00'

Signature

1/8/2024

Date

Behavioral health and substance use disorder treatment records ("Part 2 Records") are afforded additional specific protections by Federal confidentiality rules (42 CFR Part 2) and will only be produced if a valid behavioral health/substance use disorder authorization for release of information was provided. The Certification excludes any Part 2 records unless such authorization was provided.

LAFAYETTE EAST
1701 South Creasy Lane
Lafayette, IN 47905
PH: 765 502 4000

LAFAYETTE CENTRAL
1501 Hartford Street
Lafayette, IN 47904
PH: 765 423 6011

CRAWFORDSVILLE
1710 Lafayette Road
Crawfordsville, IN 47933
PH: 765 562 2800

RENSSELAER
1104 East Grace Street
Rensselaer, IN 47978
PH: 219 866 2077

FranciscanHealth.org

Release of Information Authorization Form

Healthcare Location (who has the information you want released, please check specific location)	I AUTHORIZE FRANCISCAN HEALTH TO RELEASE THE BELOW INFORMATION FROM MY HEALTH RECORD(S). Please select a location <input type="checkbox"/> Hammond- 5454 Hohman Avenue, Hammond, IN 46320 <input checked="" type="checkbox"/> Dyer- 24 Joliet Street, Dyer, IN 46311 <input type="checkbox"/> Munster- 701 Superior Avenue, Munster, IN 46321 <input type="checkbox"/> Michigan City- 3500 Franciscan Way, Michigan City, IN 46360 <input type="checkbox"/> Crown Point - 1201 S. Main St., Crown Point, IN 46307 <input type="checkbox"/> Lakeshore ASC, LLC-12800 Mississippi Parkway, Pavilion C, Crown Point IN, 46307 <input type="checkbox"/> Lafayette Central - 1501 Hartford Street, Lafayette, IN 47904 <input type="checkbox"/> Lafayette East - 1701 S. Creasy Lane, Lafayette, IN 47905 <input type="checkbox"/> Crawfordsville - 1710 Lafayette Rd., Crawfordsville, IN 47933 <input type="checkbox"/> Rensselaer- 1104-East Grace Street, Rensselaer, IN 47978 <input type="checkbox"/> Indianapolis- 8111 S. Emerson Avenue, Indianapolis, IN 46237 <input type="checkbox"/> Mooresville -1201 Hadley Road, Mooresville, IN 46158 <input type="checkbox"/> Carmel- 12188 B North Meridian Street, Carmel, IN 46032 <input type="checkbox"/> Orthopedic Surgery Center, LLC - 10767 Illinois Street, Carmel, IN 46032 <input type="checkbox"/> Orthopedic Hospital Carmel - 10777 Illinois St. Carmel, IN 46032 <input type="checkbox"/> Chicago Heights- 1423 Chicago Road, Chicago Heights, IL 60411 <input type="checkbox"/> Olympia Fields- 20201 South Crawford Avenue, Olympia Fields, IL 60461
	FOR 761-45th Street Munster IN 46321 ID: 41349 FSDS MRN: 2045D300 MRO JAN 08 2024
Requesting Access	<input type="checkbox"/> Are you requesting photocopy images of medical records OR <input type="checkbox"/> Are you requesting electronic access to your data. Please note use of this form constitutes a request for records that will require manual effort and therefore result in a charge. Otherwise, you can electronically access your record through your MyChart account.
Patient Information	Patient Name (Please Print): <u>Sonya Winkler</u> Patient Address: <u>3822-160th ST. Hammond, IN, 46323</u> Date of Birth: <u>9-26-74</u> Last 4 Digits of SS #: <u>7895</u> Telephone #: <u>219 289 4840</u>
Recipient Information (Who may receive the information/ where do you want it sent)	Recipient Name: <u>Sonya Winkler</u> Address/City/State/Zip: <u>3826 -170th Street Hammond, IN 46323</u> Telephone: <u>219 289 - 4840</u>
Information To be Released	Date(s) of Service: <u>9-28-16</u> <input checked="" type="checkbox"/> Billing Records <input type="checkbox"/> Consultation <input type="checkbox"/> Discharge Summary <input type="checkbox"/> EKG <input type="checkbox"/> ER Record <input type="checkbox"/> Fetal Monitor Strips <input type="checkbox"/> History & Physical <input type="checkbox"/> Immunization Report <input type="checkbox"/> Lab Results <input type="checkbox"/> Operative Report <input type="checkbox"/> Progress Notes <input type="checkbox"/> Radiology Images <input type="checkbox"/> Radiology Result <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Complete Health Record (this is the legal medical record as defined by the hospital) <input type="checkbox"/> Other (specify): <u>Need legal Certified to be true 9-28-16</u> <u>medical record from 761-45th Street Munster</u>
Release Purpose	<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Continuing Care <input type="checkbox"/> Insurance <input type="checkbox"/> Personal Use <input type="checkbox"/> Other _____

**Release of Information**

Release Instructions	<p>Release Method/Format (check one) Records will be released in a .pdf format unless specified below.</p> <p><input checked="" type="checkbox"/> Paper <input type="checkbox"/> MyChart (patient only) <input type="checkbox"/> Fax Number: _____</p> <p><input type="checkbox"/> Email Address: _____</p> <p><input type="checkbox"/> CD/DVD <input type="checkbox"/> USB</p> <p><input type="checkbox"/> Other format requested _____</p> <p>Electronic records are delivered in a secure/encrypted method. However, I have the choice to receive my records in an unsecure/unencrypted format.</p> <p>By initialing here, I understand that unencrypted e-mail or media (e.g., CD, DVD, USB Flash Drive, etc.) is not considered a confidential means of communication. I have been offered a secure method to receive my records and I have chosen to receive without the protection of encryption. I agree to waive any rights that I may have against Franciscan Health, any affiliated organization, or physician, or the suppliers, for any compromised information due to the technical failures and/or unintended breach of confidentiality.</p>
42CFR Part 2 Disclosure Statement	<p>This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit any person other than the one whose information is being requested from making any further disclosure of this records. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65;</p>
<p>By signing this authorization form, I understand that:</p>	
<p>This authorization will expire in 60 days from the date signed unless otherwise specified</p> <p><i>[Signature]</i></p>	
<p>This authorization can be revoked by me at any time in writing to Franciscan Health except that disclosure made in good faith has already occurred in reliance on this authorization.</p>	
<p>The information to be released may include billing and treatment records related to behavior and mental health care, alcohol and drug abuse treatment, HIV/AIDS, and genetics.</p>	
<p>Franciscan Health will not condition treatment, payment, enrollment, or eligibility for benefits on whether this authorization is signed except as allowed under the HIPAA regulations.</p>	
<p>Fees may be charged in accordance with state statute and federal rule.</p>	
SIGNATURE:	DATE: <u>1-8-24</u>
<p>RELATIONSHIP TO PATIENT, if other than patient: _____</p>	
<p>Department Use only:</p>	
<p>Initials of coworker releasing information _____ Date _____ Medical Record Number _____ CSN _____ Password (if applicable) _____</p>	



Release of Information

Page 2 of 2
 Revised 11/17/2021



HIPAA Release of Information Acute



FRANCISCAN HEALTH MUNSTER

Sonya Winkler
3822 169TH STREET
HAMMOND, IN 46323

Guarantor ID: 988816

Visit Coverages:

Medicaid - Anthem Healthy Indiana Plan

This is not a bill. This is an itemization of your charges for:

Patient: Winkler,Sonya

Admission: 09/28/16

Hospital 216318728

Date:

Account:

Discharge Date: 09/28/16

Current Account Balance: 0.00

Hospital Charges

Date	Rev Code	Description	CPT(R) or HCPCS Code	Qt	Amount
09/28/16	0250	Bupivacaine (Pf) 0.25 % Soln (0409-1159-02)		1	16.30
09/28/16	0250	Bupivacaine (Pf) 0.25 % Soln (0409-1159-02)		1	16.30
09/28/16	0250	Glycopyrrolate 0.2 Mg/MI Soln (0517-4602-25)		1	111.80
09/28/16	0250	Lidocaine (Pf 1%) 10 Mg/MI (1 %) Soln (0409-4279-02)		1	24.05
09/28/16	0250	Lidocaine (Pf 1%) 10 Mg/MI (1 %) Soln (63323-492-57)		1	11.95
09/28/16	0250	Lidocaine 2 % Gel (17478-711-10)		1	16.50
09/28/16	0250	Neostigmine 1 Mg/MI Soln (63323-415-10)		1	639.60
09/28/16	0250	Propofol 10 Mg/MI Emul (0409-4699-30)		1	56.30
09/28/16	0250	Rocuronium 10 Mg/MI Soln (67457-228-05)		1	49.05

Svc Date	Rev: Code	Description	CPT(R) or HCPCS Code	Qty	Amount
09/28/16	0250	Succinylcholine 20 Mg/MI Soln (0409-6629-02)		1	169.45
09/28/16	0258	Lactated Ringers Solp (0409-7953-09)		1	107.35
09/28/16	0258	Sodium Chloride 0.9 % 0.9 % Pgbk (0338-0553-11)		1	85.95
09/28/16	0270	Inactive Cannula Twist in 7mm Order in Qty of 5ea		1	77.00
09/28/16	0272	Inactive Blade Shaver Excalibur Crv 4.0mm		1	133.00
09/28/16	0300	Urine Pregnancy Test	81025	1	31.00
09/28/16	0360	Surg B Maj; Ea Addl 15m		3	2,781.00
09/28/16	0360	Surg B Maj; Initial 15m		1	3,789.00
09/28/16	0370	Gen Anes; Ea Addl 15m		3	1,212.00
09/28/16	0370	Gen Anes; Initial 15m		1	943.00
09/28/16	0636	Cefazolin 1 Gram Solr (44567-707-25)	J0690	2	10.10
09/28/16	0636	Cefazolin 1 Gram Solr (44567-707-25)	J0690	2	10.10
09/28/16	0636	Epinephrine 1 Mg/MI Soln (42023-168-01)	J0171	30	192.40
				0	
09/28/16	0636	Fentanyl 50 Mcg/MI Soln (0409-9094-22)	J3010	1	10.10
09/28/16	0636	Fentanyl .50 Mcg/MI Soln (0409-9094-22)	J3010	1	10.10
09/28/16	0636	Methylprednisolone Acetate 80 Mg/MI Susp (0009-3475-03)	J1040	1	83.20
09/28/16	0636	Midazolam 1 Mg/MI Soln (0409-2305-17)	J2250	2	10.10
09/28/16	0636	Ondansetron Hcl (Pf) 4 Mg/2 MI Soln (0703-7221-01)	J2405	4	20.25
09/28/16	0636	Ondansetron Hcl (Pf) 4 Mg/2 MI Soln (0703-7221-01)	J2405	4	20.25
09/28/16	0710	Pacu Ph 1 Level 1 Base;Initial 15 Min		1	643.00
09/28/16	0710	Pacu Ph 1 Level 2;Ea Addtl 15 Min		6	1,470.00

Total Hospital Charges: 12,750.20

Hospital Payments and Adjustments

Date	Description	Amount
10/31/16	Medicaid Payments	-2,759.56
10/31/16	Medicaid Adjustments	-9,990.64

Total Hospital Payments and Adjustments: -2,759.56

EXHIBIT C

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Franciscan Medical Specialists

Please check appropriate location:

300 W. 80th Plaza, Merrillville, IN 46410
 919 Main Street, Dyer, IN 46311
 5529 Hohman Ave., Hammond, IN 46320
 1225 Coolspring Rd, Michigan City, IN 46360

(Same day SX)

761 45th Street, Munster, IN 46321

2001 U.S. 41, Schererville, IN 46375

2307 LePorte Ave., Valparaiso, IN 46383

731 45th St., Suite 123, Munster, IN 46321

759 45th St., Munster, IN 46321

I AUTHORIZE FRANCISCAN MEDICAL SPECIALISTS TO RELEASE THE BELOW INFORMATION FROM MY HEALTH RECORD(S).

Patient Name (Please Print):

Sonya Winkler

PT

Patient Address:

3820 - 169th ST. Hammond, IN. 46323

Date of Birth:

Last 4 Digits of Social Security #:

Patient Telephone #:

(219) 688-4616

Covering the period(s) of treatment:

anything for Dr. Harris (June 2015 - May 2017)

INFORMATION TO BE RELEASED:

Progress Note (Date):

Radiology (X-ray, CT Scan, MRI)

Lab Results

EKG

Procedure Note

Consultations

HCFA 1500 Billing

Immunization Record

Abstract of Health Record

Complete Health Record (This is the legal medical record as defined by the hospital). JUST DR. HARRIS

Other (Specify):

INFORMATION TO BE RELEASED TO:

Name: Sonya Winkler

H2

Address/City/State/Zip: 3820 - 169th ST. Hammond, IN. 46323

B2

Telephone #: (219) 688-4616

PURPOSE OF DISCLOSURE: Continuation of Care Insurance Attorney Personal Use Other

I understand this authorization can be revoked by me at any time in writing to Franciscan Medical Specialists except that disclosure made in good faith has already occurred in reliance on this authorization. Franciscan Medical Specialists will not condition treatment, payment, enrollment or eligibility for benefits or whether this authorization is signed except as allowed under the HIPAA regulations.

I understand that a fee may be charged for preparing a copy of the requested records. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:

If I fail to specify an expiration date, event or condition, this authorization will expire in 60 days

Your protected health information will be provided to you in paper format. If you wish for your protected health information to be provided to you in a secure electronic form, you must initial here: Documents will be provided in a pdf file format. Select the electronic format: CD/DVD USB Email

Email address records should be sent to _____

The password for accessing your electronic media is: _____

By initialing here, I understand that unencrypted e-mail or media (e.g. CD, DVD, USB Flash Drive, etc.) is not considered a confidential means of communication. I have been offered a secure method to receive my records and I have chosen to receive without the protection of encryption. I agree to waive any rights that I may have against Franciscan Alliance, any affiliated organization, or physician, or the supplier, for any compromised information due to the technical failures and/or unintended breach of confidentiality.

Franciscan
MEDICAL SPECIALISTS

38419

Processed by CIOX Health

Rep: 14-14-18

Date: 8-14-18

Pages: 18

Patient Name:

E 496 835

Account #:

Medical Record #:

Page 1 of 2

Release of Information

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10. Oct 18
11. Oct 18
12. Oct 18

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

I understand that this release also pertains to records regarding the testing and treatment for alcohol/substance abuse, human immunodeficiency virus (HIV) and/or AIDS, or for psychiatric treatment or counseling or communicable disease, or genetic testing unless I have initialed here: SJW

SIGNATURE: Sonya Winkler DATE: 7-19-18

RELATIONSHIP TO PATIENT, if other than patient:

DESCRIPTION OF AUTHORITY TO ACT FOR PATIENT (if applicable):

WITNESS SIGNATURE: Jeanne Moreno DATE: 7/19/18

RECEIVED
JUL 19 2018

BY: [Signature]



Page 2 of 2

Release of Information

Patient Name:	_____
Account #:	_____
Medical Record #:	_____

Joint Appellees' App. (Vol. 3) 86

Exhibit D

Sonya Winkler, pro se
3826 – 170th Street
Hammond, Indiana 46323

IN THE
INDIANA COURT OF APPEALS
Cause No. 23A-CT-1091

SONYA WINKLER,)
Appellant-Plaintiff,) Appeal from the Lake Superior Court
vs.)
FRANCISCAN ALLIANCE, INC.,) Cause No. 45D01-2104-CT-000397
and)
DAVID JOHN HARRIS, M.D.,)
Appellees-Defendants.) The Honorable John M. Sedia, Judge

Requests for Admissions

Propounding Party: Plaintiff/Appellant, Sonya Winkler

Responding Party: Defendant/Appellee, David John Harris, M.D.

Indiana Trial Rule 36 authorizes Sonya Winkler to make the requests. Send answers to:
3826 – 170th Street

Hammond, Indiana 46323

REQUEST NUMBER: One (1)

Admit performing surgery on Sonya Winkler ("Winkler") at a Franciscan Alliance Inc. facility ("Franciscan") on September 28th of 2016, attached hereto as Exhibit A, in which you state pre-op: "We have MRI evidence confirming no evidence of gluteus medius tendon tear..."

REQUEST NUMBER: Two (2)

Admit under Ind. Code § 34-18-12-3, ALL physicians have a duty to obtain informed written consent along with the explanation of proposed treatment, outcome, and risks from their patients.

REQUEST NUMBER: Three (3)

Admit that you were negligent when you failed to obtain informed written consent on the Franciscan General Consent for Surgical Procedures form, attached hereto as Exhibit B, from Winkler.

REQUEST NUMBER: Four (4)

Admit that you were negligent when you failed to explain the proposed treatment, outcome, and risks for the surgical procedure with Winkler, including on September 26, 2016 where no appointment exists, attached hereto as Exhibit C.

REQUEST NUMBER: Five (5)

Admit that there was no gluteus medius tendon tear on the objective MRI done at Franciscan, attached hereto as Exhibit D.

REQUEST NUMBER: Six (6)

Admit you diagnosed Winkler with a gluteus medius tendon tear from the MRI done at Franciscan, attached hereto as Exhibit E, writing the diagnosis on her copy of the report along with your signature.

REQUEST NUMBER: Seven (7)

Admit lying on your declaratory affidavit to the medical review panel when you stated, "I did not inform her that she had a gluteus medius tear." (Attached hereto as Exhibit F).

REQUEST NUMBER: Eight (8)

Admit under I.C. § 16-39-7-1(a)(b), ALL medical providers have a duty to maintain patient's original health records for at least seven years from the last date of service and be suspended if involved in litigation.

REQUEST NUMBER: Nine (9)

Admit you failed to maintain Winkler's original health records from your Franciscan office for at least seven years from the last date of service, attached hereto as Exhibit G.

REQUEST NUMBER: Ten (10)

Admit you violated I.C. § 16-39-7-1(a)(b), when you deleted Winkler's medical record with the gluteus medius tendon tear diagnosis, attached hereto as Exhibit H.

REQUEST NUMBER: Eleven (11)

Admit that you were negligent when you failed to use reasonable care in coercing Winkler into an unnecessary surgery when no surgical intervention was needed for Winkler, attached hereto as Exhibit I.

REQUEST NUMBER: Twelve (12)

Admit that you failed your duty to obtain informed consent for Winkler's surgery that you performed at Franciscan on September 28th of 2016, violating I.C. § 34-18-12-3, proximately causing Winkler to suffer from hip instability and permanent nervous system injuries.

REQUEST NUMBER: Thirteen (13)

Admit the injuries to Winkler would not have occurred, if you used reasonable care, because Winkler would have never had the surgery if she was not diagnosed with a gluteus medius tendon tear.

REQUEST NUMBER: Fourteen (14)

Admit owing Winkler \$455,909.66.

REQUEST NUMBER: Fifteen (15)

Admit that this document is genuine, attached hereto as Exhibit J, stating that you are being represented by Attorney General Deputies.

Respectfully submitted,



Sonya Winkler, pro se

3826 – 170th Street

Hammond, IN. 46323

(219) 289-4840

CERTIFICATE OF SERVICE

The undersigned hereby certifies that she used the USPS, on the 27th of December 2023, in mailing the foregoing document to:

David John Harris, M.D.

801 Mac ARTHUR BLVD

STE 304

Munster, IN. 46321

/s/ Sonya Winkler

FRANCISCAN ALLIANCE

FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029
Legal Medical Record

Winkler, Sonya
MRN: E496835, DOB: [REDACTED], Sex: F
Adm: 9/28/2016, D/C: 9/28/2016

Operative Notes (continued)

Op Note signed by Harris, David John MD at 10/3/2016 11:53 PM (continued)

OPERATIVE REPORT

DATE OF SURGERY: 09/28/2016

PREOPERATIVE DIAGNOSIS: Right hip greater trochanteric bursitis and right hip hamstring insertional tendinitis.

POSTOPERATIVE DIAGNOSIS: Right hip greater trochanteric bursitis and right hip hamstring insertional tendinitis.

NAME OF PROCEDURE: Right hip bursectomy, iliotibial band release and greater trochanteric bursectomy, right hamstring tendon insertion injection.

SURGEON: David J. Harris, MD

ASSISTANT: Melissa Cooper PA-C

ANESTHESIA:

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

Exhibit A

PREOPERATIVE HISTORY: A [REDACTED] year-old female with a chronic and persistent history of right hip pain and discomfort and limitation. She had undergone a previous right hip arthroscopy with iliopsoas lengthening with minimal symptomatic benefit. She has pain of both the insertion of her right hamstring at the ischial tuberosity, but also over the lateral aspect of the hip. We have MRI evidence confirming no evidence of gluteus medius tendon tear but greater trochanteric bursitis. She had an injection into this region which should provide her some symptomatic relief; however, it was not definitive. She is aware of the risks, benefits, and potential complications and is hoping to move forward with definitive surgical procedure to address this and we are thus proceeding with full informed consent.

OPERATIVE PROCEDURE: The patient was appropriately identified in the preoperative holding area. The right hip was marked and perioperative antibiotics given. She was then transferred to the operating theater onto a standard OR bed with a beanbag where general endotracheal anesthesia was induced without complication. She was then positioned in the lateral decubitus position, right side up. Her right arm was safely draped across her chest and an axillary roll was placed. Bean bag was then used to hold her

Operative Notes (continued)

Op Note signed by Harris, David John, MD at 10/3/2016 11:53 PM (continued)
safely in this position. Bilateral SCDs and calf high TED hose were applied as well as appropriate pillow padding of her right and left leg. The right hip was then shaved, prepped and draped in the standard sterile fashion, and after a formal time-out identifying the appropriate the patient name, all notable allergies, and the appropriate operative side, an injection of 80 mg of Depo-Medrol was performed into the tendon insertion of the hamstrings on the right ischial tuberosity. This was uncomplicated and well tolerated by the patient. We then marked landmarks about the lateral aspect of the hip, including the confines of the proximal femur, ASIS and PSIS, as well as the vastus ridge. Two incisions were then made, one roughly 4 cm proximal and then 4 cm distal to the vastus ridge, the trocar and a switching stick were then inserted down to the level of the IT band. These were gently swept anteriorly and posteriorly, creating the small potential space, and a motorized shaver was used to gently free up the fat from its adhesions, and a radiofrequency ablation wand was then used once orientation was obtained to perform a central split down the central portion of the IT band. Anterior and posterior cuts were then made, creating 4 equal flaps. Once these were resected with a motorized shaver and radiofrequency ablation wand leaving a small anterior and small posterior band of the IT band intact, in a diamond shape aperture. The underlying greater trochanteric bursa was inspected. This was found to be significantly inflamed. A greater trochanteric bunaectomy was then performed with a motorized shaver and radiofrequency ablation wand underneath the vastus lateralis and vastus ridge were inspected, as was the gluteus medius tendon.

The hip was then copiously irrigated. All excess fluid and debris was removed. The arthroscopic portal sites were closed with simple 4-0 Vicryl sutures. Steri-Strips, Adeptic, 4 x 4's, ABDs and Mepore tape were then all applied as well as a Cryo/Cuff unit. Prior to closure, meticulous hemostasis was maintained within the hip. Overall, there was no evidence of any pre, peri, or immediate postoperative complications with this procedure and it was well tolerated by the patient.

DAVID HARRIS, MD

D: 10/03/2016 10:57 AM T: 10/03/2016 8:31 PM WMX Job: 455975

The final copy of this document is located in the Franciscan Health

Printed on 9/14/18 10:00 AM

Page 34

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BUSINESS RECORDS CERTIFICATE OF AUTHENTICITY

Patient's Full Name: Sonya Winkler
Patient's MRN/CSN: E496835 / CSN 8149697677

I am the custodian of the records of Franciscan Hospital, Munster located at 701 Superior Avenue, Munster, IN 46321 ("Hospital"). I am familiar with the type of documents and records received, created, and relied upon by Hospital in the ordinary course of its business. I certify that the records listed below were:

a.) made at or near the time by or from information transmitted by someone with knowledge; b.) the records were kept in the course of a regularly conducted activity of a business, organization, occupation, or calling, whether or not for profit; c.) making the records was a regular practice of that activity; and d.) if such records are not originals, such records are a duplicate of the original. This certification is given by the custodian of the records instead of the custodian's personal appearance.

I certify under penalty of perjury that the foregoing is true and correct.

Deborah L. Wilson
Signature

Deborah L. Wilson, MS, RHIA
Director

Exhibit B

Administrative Director, Health Information Management
Title

1/6/23
Date:

Behavioral health and substance use disorder treatment records ("Part 2 Records") are afforded additional specific protections by Federal confidentiality rules (42 CFR Part 2) and will only be produced if a valid behavioral health/substance use disorder authorization for release of information was provided. The Certification excludes any Part 2 records unless such authorization was provided.

701 South Main Street Crown Point, IN 46338 Ph: 219 738 2100	36 Jobs Street Dyer, IN 46311 Ph: 219 866 2141 (IN) Ed: 708 850 1650 (IL)	9454 Sherman Avenue Hammond, IN 46320 Ph: 219 932 2500 (IN) Ed: 708 891 9305 (IL)	701 Superior Avenue Munster, IN 46321 Ph: 219 922 4200	501 West Harbor Street Michigan City, IN 46360 Ph: 219 879 0511
--	--	--	--	---



From: Health Information Management Dept
Franciscan Health

Re: Request to obtain copy of health records

Enclosed are records available as of the date your request was processed.

42 CFR Part 2 provides privacy protections related to substance use disorder treatment records ("Part 2 Records"). Accordingly, Part 2 Records, if any, will only be produced if an authorization compliant with part 2 requirements is provided. The enclosed records exclude any Part 2 records unless such authorization was provided.

If the appropriate authorization was supplied to allow us to release Part 2 records, those records are prohibited from unauthorized redisclosure.

Thank you,
Health Information Management Dept
Franciscan Health

Exhibit B

FMS MN ORTHOPEDIC MEDICINE
759 45th Ave Ste 201
MUNSTER IN 46321-2938

Legal Medical Record

ENCOUNTER-LEVEL DOCUMENTS: (CONTINUED)

Winkler, Sonya
MRN: E496835, DOB [REDACTED] Sex: F
Encounter date: 9/29/2016

 Franciscan
PHYSICIAN NETWORK

Sonya Winkler

759 45th Street, Suite 201 Munster, IN 46321
Phone: (219) 555-0267 Fax: (219) 555-0370
2621 US 41 Schererville, IN 46375
Phone: (219) 555-0370 Fax: (219) 555-1230

CONSENT FOR SURGICAL PROCEDURE

This form is general information about your condition and the recommended surgical treatment or diagnostic procedures to be used. This consent form is designed to provide a written confirmation of such decisions by recording some of the more common medical information given to you. It is intended to assist you better informed so that you may give an informed consent to the proposed procedure.

I, Sonya Winkler, am requested to read first the following statements (a) cited in my case:

1. Proposed Procedure(s): I understand that the procedure(s) to be performed for removing and treating my condition before Right hip bursoscopy and gluteal bursectomy, and release.
2. Description of Proposed Procedure(s): As to those ways to handle to the procedure(s) proposed, I am understanding that medical and surgical procedures involve risks. These risks include simple reactions, bleeding, blood clot formation, infection and effects of drugs, and side effects of surgery, as well as risks of anesthesia including and the complication of bilateral disease, including hospital and acquired nosocomial Infection, Sepsis, from the administration of blood and/or blood components. Other risks could include pain, deformity, and failure of the procedure.
3. Complications/Unforeseen Conditions: I am aware that in the process of treatment, other unexpected risks or complications may occur. I am understand that during the course of the proposed procedure(s) additional treatments may be required regarding the performance of additional procedures, and I authorized such procedures to be performed. I further acknowledge that no guarantee or promise have been made to me concerning the results of any procedure or treatment.
4. Associated Procedure(s): The available alternatives, the potential benefits, and risks of the proposed procedure(s), and the likely risks associated with treatments, have been explained to me. I understand that has been discussed what can and cannot be done at the outcome of the current form, and have been given the opportunity to ask questions and have received satisfactory answers.
5. Consent to Procedure(s) and Treatment: Having read this form and talked with the physician, my signature below indicates that I voluntary give my permission and consent to the performance of the procedure(s) described above.

Sonya Winkler
Patient has been authorized to sign for patient

9-17-16

Date:

9/12/16

Date:

Please be advised that group health may not be a covered benefit under your insurance plan. You may be responsible for payment of these charges. It is recommended that you contact your benefit administrator for more information regarding group benefits.

Order-Level Documents:

There are no order-level documents.

FRANCISCAN ALLIANCE

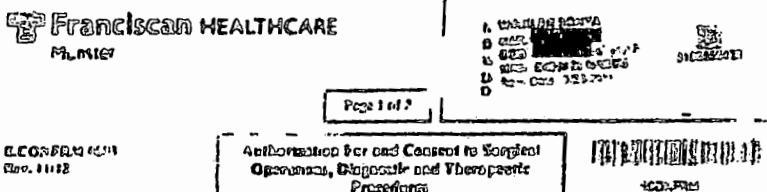
**FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029
Legal Medical Record**

Winkler, Sonya
MRN: E498835, DOB: [REDACTED] Sex: F
Adm: 9/28/2016, D/C: 9/28/2016

Encounter-Level Documents.

Consent Acute on 10/7/2016 2:28 PM by: Scan, Doc Image, MD 197076438 (below)

Exhibit C



FRANCISCAN ALLIANCE

**FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4028**

Legal/Medical Record

**Winkler, Sonya
MRN: E498835, DOB: 11/13/1973 Sex: F
Adm: 9/28/2016, D/C: 9/28/2016**

Encounter-Level Documents: (continued)

11. I hereby consent to have my blood tested if a physician or other staff member is exposed to my blood during my procedure. I understand that this consent will only be in effect during the time I am unable to sign a consent. This is necessitated by the possible risk of employees being exposed to HIV positive blood and by the short period of time after an exposure for a person exposed (to another person's blood) to have preventative medications started. If an exposure occurs after this time, I will be asked to sign an informed consent specific to this occurrence.

**Authorization For and Consent to Surgical
Operations, Diagnostic and Therapeutic Procedures**

My signature below constitutes my acknowledgement: (1) that I have read, or have had read to me, and agreed to all of the above; (2) that the proposed operation(s) or procedure(s) have been satisfactorily explained to me and I have all the information which I desire about them; (3) that I have been given an opportunity to ask questions that I might have concerning the procedure, and (4) that I hereby give my authorization and consent.

Sonya Winkler

9-26-16 1050AM

Parent/Legal Representative

Date and Time:

Relationship:

I have previously explained to the patient, or his or her legal representative, the information set forth in the above document.

Sonya Winkler

PATIENT WITH "DO NOT RESUSCITATE (DNR)" ORDERS ONLY:

1. I understand that by consenting to this procedure, I am also consenting to a temporary suspension of the DNR (Do Not Resuscitate) orders until the procedure and/or anesthesia recovery period has ended. Initials/Date
- OR
2. I request not to be resuscitated in case of cardiopulmonary arrest during the procedure. Initials/Date

**Franciscan HEALTHCARE
Munster**

WINKLER, SONYA
WAG: 11/13/1973
DOB: 11/13/1973
MRN: E498835
Adm Date: 9/28/2016
Disch Date: 9/28/2016

Page 2 of 2

**Authorization For and Consent to Surgical
Operations, Diagnostic and Therapeutic
Procedures**

06/23/2015 - OP Visit in MN MS MRI

Radiology Scans

Radiology Test - Scan on 6/26/2015 12:12 PM

Clinical date/time: 6/26/2015 1212

Description --

Service date/time: 6/26/2015 1212

Scan (below)

Report - Wintler, Sonya J / 2045N340D, Jun 23, 2015, TW92388920

Scen. Doc Image, MD
Scn. J.D.

Page 1 of 1

Franlecken HealthCare-Munster
761 45th Street
Suite 114
Munster, IN 46321
(219) 822-3809

Name: Sonya J. Wintler
Referred by: 1700000313 David Hensel

Electronically Signed
Radiologist: Dr. Jay Korach
Approved by: Dr. Jay Korach

Final Report

Acq Date: [REDACTED]
DoB: [REDACTED] 09:00
Modality: MR

Sex: F
Study Date: Jun 23, 2015 14:03

Reason: MRI H/P, Right hip concern
Report Date: Jun 23, 2015 16:52
Approval Date: Jun 23, 2015 16:57

Key Images: 0

OBSERVATION

HuU of the right hip

History. Pain and previous history of labral repair

Technique: Relying

Findings:

There is no evidence of a hip fracture or dislocation. The femoral heads are intact without evidence of osteonecrosis. No significant joint effusion is identified. No focal bony lesion is identified. The cartilage remodeling findings are intact. Postoperative change is identified along the anterior aspect of the acetabulum. The ligamentum teres is intact. There are no focal fluid collections or soft tissue masses surrounding the bony pelvis. Small bone marrow cysts are incidentally noted. Tiny cystic areas are seen along the anterior superior aspect of the left acetabulum which may represent a tiny synovial or rare labral cyst.

Impression:

Postoperative changes as described. No evidence of fracture or significant arthritis change. Tiny cystic lesions adjacent to the anterior/superior acetabulum could represent a para-labral cyst or tendon desiccation in association with labral tearing.

JAY I KORACH, MD, FACR

Electronic signature

Transcribed by:

WINTLER, SONYA
MRN: [REDACTED]
DOB: [REDACTED] 09:00 F
RTF: [REDACTED] HENSHEL
Adm Date: 6/23/2015

https://10.4.28.39/cases/reponview.jsp?efile=1.2.826.0.1.3680043.2.93.2.2831168212.11895. 6/23/2015

Department of Orthopaedics & Podiatry

E MDT
E

739 45th Street Suite 201
Munster, IN 46321
(219) 536-0296

Patient: Winkler, Soaya J
3822 169th St
Hammond, IN 46323

Age/Sex/DOB: 31 yrs P [REDACTED]
EMRN: 20450300
OMRN: 20450300
Home: (219) 686-4616
Work:

Results

Lab Accession #: TW92388920
Ordering Provider: Harris, David
Performing Location:

Collected: 6/23/2015 2:43:11PM
Resulted: 6/23/2015 4:57:00PM
Verified By: <Unverified>
Auto Verify: N

MRI HIP, Right w/o contrast

Stage: Final

Test

Result

Date

Flag Reference Number

MRI HIP, Right w/o contrast

MRI of the right hip

History: Pain and previous history of labral repair

Technique: Routine

Findings:

There is no evidence of a hip fracture or dislocation. The femoral heads are intact without evidence of osteonecrosis. No significant joint effusion is identified. No focal bony lesion is identified. The conjoin hamstring tendons are intact. Postsurgical change is identified along the anterior aspect of the acetabulum. The ligamentum teres is intact. There are no focal fluid collections or soft tissue masses surrounding the bony pelvis. Bilateral adnexal cysts are incidentally noted. Tiny cystic focus is seen along the anterior superior aspect of the left acetabulum which may represent a tiny synovial or para labral cyst.

Impression:

Postsurgical changes as described. No evidence of fracture or significant arthritic change. Tiny cystic focus adjacent to the anterior superior acetabulum could represent a para labral cyst or tendon described in association with labral tearing.
?

JAY L. KORACH, MD, FACP

- G. D. Rutherford

Electronic signature

[Signature]

Date of Service: June 23, 2015 16:43

TDR

Page 1 of 1

Printed by: Martinez, Jacqueline | 7/1/2015 10:08:00AM

Joint Appellees' App. (Vol. 2) 99

STATE OF INDIANA
BEFORE THE DEPARTMENT OF INSURANCE

SONYA WINKLER,

Plaintiff,

vs.

CLAIM NO. 1019399

FRANCISCAN ALLIANCE, INC. AND
DAVID JOHN HARRIS, M.D..

Exhibit F

Defendants.

DEFENDANT DAVID J. HARRIS, M.D.'S AFFIDAVIT

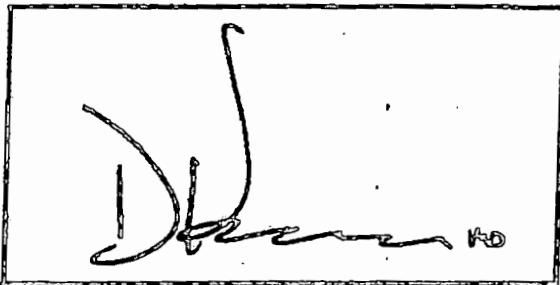
I, DAVID J. HARRIS, M.D., being duly sworn on oath, and under penalty of perjury under the laws of the State of Indiana, state as follows:

1. I have personal knowledge of the facts set forth hereinafter, and if called as a witness, could and would completely testify and attest to the facts herein.
2. I am currently a Defendant in the above-captioned matter.
3. I am a board-certified physician who specializes in orthopedic surgery.
4. Contrary to Ms. Winkler's allegation, I did not advise her that I "could do a bursectomy before the door even closed." I did not laugh at her concerns and I did not "joke" that I "had to be careful with people who knew too much."
5. I did not coerce Ms. Winkler into proceeding with the right hip bursocopy, greater trochanteric bursectomy and partial IT band release by advising her that she had a gluteal medius tear. As stated in my panel submission and my office records, I did not inform her that she had a gluteus medius tear.

S-2-1

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury as provided by law pursuant to IC 35-44.1-2-1, the undersigned certifies that the statements set forth in the foregoing affidavit are true and correct, except as to matters therein stated to be on information and belief and, as to such matters, the undersigned certifies that he believes the same to be true.

A handwritten signature enclosed in a rectangular box. The signature consists of stylized initials "DJ" followed by the surname "HARRIS" and the suffix "M.D." at the end of the line.

DAVID J. HARRIS, M.D.

WINKLER, Sonya

3822 169th St
Hammond IN 46322
432651

Female

20460300

9-4

Exhibit G

English (preferred)
En Espanol
White
Race

Visit Summary

Chief Complaint

70 year old female recently underwent an MRI of the right hip. She states the injection given on her last visit to her right hip helped a great deal and she rates her pain level a 3/10. She states she still has pain when sitting to the top of her thigh and rates that pain level a 4/10. She states she gets a dulling sensation

Plan of Care

Planned Goals not documented

Referrals

Physical Therapy Referral

Medications

Instructions not documented

BP Systolic	100 mm(Hg)
BP Diastolic	68 mm(Hg)
Heart Rate	74/min
Height	62 "
Weight	134 lb
Body Mass Index Calculated	22.37 kg/m ²
Body Surface Area Calculated	1.72

Paracetamol 1000 MG Oral Capsule

Multivitamin TABS

Vitamin D3 Transdermal Gel

Medication Administration

Benzodiazepine or Sedative

Oral Cytotoxic Chemotherapy

Dermatologic

Endocrine or Metabolic Management

Encounter for routine gynecological evaluation with Pap smear and breast exam

Hematology

Hematology Referrals (if any)

Joint pain

Lung

New onset of hypertension

Pain or lower extremity

Preventative health care

Skin tag

Tendinopathy

Allergies

Silicone LIOD

Tuberculin PPD TEST

Results

Test ID: HPV High Risk DNA

On:

21-May-2015

at 26 AM

HPV 16	NOT DETECTED	Range: NOT DETECTED
HPV 18	NOT DETECTED	Range: NOT DETECTED
Other High Risk HPV	NOT DETECTED	Range: NOT DETECTED Comments: Includes HPV types 31, 33, 35, 39, 45, 51, 52, 56, 58, 61, 66, 82, 84, 88

12:00 AM	Pathology Request	PROCESSED	Comments: Other
12:00 AM	Gyne Cytology Report	Patient Name: WINKLER, SONYA Accession Number: NNG15-20809 PATIENT HISTORY: Prev.normal: 2011 WNL Comment: LMP not given CLINICAL COMMENTS: SPECIMEN(S): PAP THIN PREP	Normal
12:00 AM	Surgical Pathology Report		Normal

Procedures

History of Breast Surgery Lymphectomy

History of Hip Arthroscopy

Procedures not documented

Immunizations

Immunizations not documented

Social History

Smoking Status: Non-smoker
Former smoker

Health Care Providers

Ambulatory Health Care Facilities

Noelle Bogdan

Unknown Address

Ambulatory Health Care Facilities (Primary Care Provider)

Unknown Address

Pharmacy

TARGET PHARMACY #0731

HIGHLAND IN 46322
Address

Document Details

Department of Orthopaedics & Podiatry

755 45th Street Suite 200

1115130 0100

111-07550 Tr: Informe 112

Mishawaka, IN 46541

AM 8:00AM

July 2, 2015 17:19 0600

Fax: 574-235-4100

Published

Address

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Site Sheet V2.2

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Winkler, Sonya - MRN: 20450300 - Encounter: Jul 02, 2015 03:30 PM - Page 2 of 2

BUSINESS RECORDS CERTIFICATE OF AUTHENTICITY

Patient's Full Name SONYA WINKLER
Patient's MRN/CSN E496835-DR. DAVID HARRIS

I, am the custodian of the records of **Franciscan Physician Network**. I am familiar with the type of documents and records received, created and relied upon by Hospital in the ordinary course of its business. I certify that the records listed below were
a) made at or near the time by or from information transmitted by someone with knowledge b) the records were kept in the course of a regularly conducted activity of a business, organization, occupation, or calling, whether or not for profit. c) making the records was a regular practice of that activity, and d) if such records are not originals, such records are a duplicate of the original. This certification is given by the custodian of the records instead of the custodian's personal appearance

I certify under penalty of perjury that the foregoing is true and correct

Signature

Tina Martisauskas

Exhibit H

Printed name

ROI Specialist

Title

Date January 4, 2023

Behavioral health and substance use disorder treatment records ("Part 2 Records") are afforded additional specific protections by Federal confidentiality rules (42 CFR Part 2) and will only be produced if a valid behavioral health/substance use disorder authorization for release of information was provided. The Certification excludes any Part 2 records unless such authorization was provided.

Lower Extremity Follow-Up

Chief Complaint

■ Year old female recently underwent an MRI of the right hip. She states the injection given on her last visit to her right hip helped a great deal and she rates her pain level a 3/10. She states she still has pain when sitting to the top of her thigh, and rates that pain level a 4/10, she states she gets a pulling sensation.

History of Present Illness

Sonya returns today for repeat assessment of her right hip and review of her right hip MRI. She states that the lateral sided pain about the region of the greater trochanter is significantly improved following the injection we provided her last time. She is still having some ischial pain at the insertion of her hamstring and some mild deep posterior pain. Overall she is doing relatively well but is still frustrated with some of her limitations.

Review of Systems

Constitutional: no chills and no fatigue.

Head and Face: no facial pain and no facial pressure.

Eyes: eyes not red and no watery discharge from the eyes.

ENT: no hearing loss, no nasal congestion and no nasal discharge.

Cardiovascular: no chest pain.

Respiratory: no shortness of breath, no cough and no dry cough.

Gastrointestinal: no abdominal pain, no nausea and no vomiting.

Genitourinary: no urinary frequency and no pelvic pain.

Musculoskeletal: diffuse joint pain.

Integumentary and Breasts: no rashes, no skin wound and no itching.

Neurological: no headache and no confusion.

Psychiatric: no anxiety.

Endocrine: no muscle weakness.

Hematologic and Lymphatic: no swollen glands and no tendency for easy bleeding.

Active Problems

1. Benign neoplasm of skin of trunk (216.5)
2. Condyloma acuminatum (078.11)
3. Dermatofibroma (216.9)
4. Encounter for contraceptive management (V25.8)
5. Encounter for routine gynecological examination with Papanicolaou smear of cervix (V72.31,V76.2)
6. Herniating tear (843.8)
7. Joint pain, hip (718.45)
8. Lentigo (709.09)
9. Neoplasm of uncertain behavior (238.9)
10. Pain of lower extremity (729.5)
11. Preventative health care (V70.0)
12. Skin tag (701.9)

Past Medical History

- Encounter for contraceptive management (V26.0)

- History of backache (V13.59)
- History of breast lump (V13.89)
- Preventative health care (V70.0)
- History of Visit for screening mammogram (V76.12)

Surgical History

- History of Breast Surgery Lumpectomy
- History of Hip Arthroscopy

Family History

- Family history of Diabetes Mellitus (V18.0)
- Family history of Hypertension (V17.49)
- Family history of Diabetes Mellitus (V18.0)
- Family history of Heart Disease (V17.49)
- Family history of Diabetes Mellitus (V18.0)
- Family history of Cancer

Social History

- Former smoker (V15.82)
- No alcohol use
- Single

Current Meds

1. Flax Seed Oil 1000 MG Oral Capsule;
Therapy: (Recorded:11Jun2015) to Recorded
2. Multi-Vitamin TABS;
Therapy: (Recorded:11Jun2015) to Recorded
3. Voltaren 1 % Transdermal Gel;
Therapy: 21May2015 to Recorded

Allergies

1. Silicone LIQD
2. Tuberculin PPD TEST

Vitals

◦ Printed in Appendix #1 below.

Results/Data

MRI of the right hip demonstrates no gross evidence of acetabular labral tearing. Postsurgical changes noted over the anterior aspect of the acetabulum. Increased fluid about the greater trochanteric bursa. Partial gluteus medius tendon tear on the right.

Physical Exam

Right Hip: No pain with axial loading or logrolling. Grossly positive tenderness to palpation over the ischial tuberosity, grossly positive tenderness over the greater trochanter, negative Ober test, negative Trendelenburg sign, negative Trendelenburg gait, brisk cap refill in the nail plates, negative straight leg raise. Anterior hip pain with resisted hip flexion, mildly positive impingement sign, hip flexion to 100° with mild pain, flexed internal rotation to 15° with mild pain, flexed external rotation to 45° with mild pain, 5/5 quadriceps and hamstring strength. Patient deferred x-rays today.

Assessment

Forty year old female status post right hip arthroscopy, labral repair with subsequent iliopsoas lengthening now with persistent right hip pain.

Plan

Hamstring tendonitis of right thigh, Tendinopathy

Documents

Physical Therapy Referral Evaluation and Treatment Evaluation and Treatment Status:

Hold For - Scheduling Requested for: 02Jul2015

Her greater trochanteric bursitis has improved as well as her IT band syndrome. I believe she has some component of partial gluteus medius tendon tear slightly contributing to her symptoms as well as some ischial tuberosity bursitis versus tendinosis within her hamstring. There is no evidence of hamstring tearing on the MRI. I held a prolonged discussion with her today about her treatment options. She has deferred any injections although I think that may help into her ischial region. We will move forward with a course of physical therapy with ultrasound, stretching, and iontophoresis. She will return back on an as needed basis indicated by her symptoms.

Appendix #1

Patient: Winkler, Sonya J; DOB: [REDACTED] MRN: 20450300

	Recorded by : Corral, Andrea at 02Jul2015 04:08PM	Recorded by : Corral, Andrea at 11Jun2015 02:25PM	Recorded by : Salus, Michelle at 06Sep2012 09:25AM
Heart Rate	74	74	
Respiration			19
Systolic	100, LUE, Sitting	108, LUE, Sitting	
Diastolic	68, LUE, Sitting	70, LUE, Sitting	
Height	5 ft 8 in	5 ft 8 in	
Weight	134 lb	134 lb	
BMI	20.37	20.37	
Calculated			
BSA	1.72	1.72	
Calculated			
LMP			



Northlake Campus
Medical Records
600 Grant St
Gary, IN 46402
Ph: 219.886.4542

Southlake Campus
Medical Records
8701 Broadway
Merrillville, IN 46410
Ph: 219 738 5586

RE: Records of Sonya Winkler

The copies of records for which this certification is made are true and complete reproductions of the original or microfilmed hospital medical records that are housed in The Methodist Hospitals, Inc.

The original records were made in the regular course of business, and it was the regular course of The Methodist Hospitals, Inc to make the records at or near the time of the matter recorded. This certification is given under IC 34-43-1-5 by the custodian of the records instead of the custodian's personal appearance.

Patient Name: Sonya Winkler

Exhibit I

Medical Record Number: 3002067829

Patient Date of Birth: [REDACTED]

Number of Pages Copied and Certified: 104

This certification is made pursuant to Indiana Code Section 34-43-1-7 by the custodian of records in lieu of the custodian's personal appearance.



Signature of Certifying Party

01/17/2023

Date of Certification

08/10/2016 - Office Visit In MMG SL ORTHO C

Reason for Visit

Chief complaint Hip Pain

Visit diagnoses

- o Hamstring tendinitis of right thigh (primary)
- o Bursitis of hip
- o Iliotibial band tendinitis of right side

Visit Information

Provider Information

Encounter Provider

Vineet P Shah, DO

Authorizing Provider

Vineet P Shah, DO

Referring Provider

Carolina Ocampo

Department

Name

MMG SL ORTHO C

Address

101 E 87th Ave
Merrillville IN 46410-7335

Phone

219-738-6670

Fax

219-738-5660

Follow-up and Dispositions

- o Return in about 4 weeks (around 9/7/2016)

Level of Service

Level of Service

PR OFFICE OUTPATIENT VISIT 10 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Omega-3 Fatty Acids (FISH OIL) 1000 MG capsule

Instructions: Take 2 g by mouth daily

Entered by: Marsha Gonnella

Entered on: 8/5/2016

Multiple Vitamins-Minerals (MULTIVITAMIN WITH MINERALS) tablet

Instructions: Take 1 tablet by mouth daily

Entered by: Marsha Gonnella

Entered on: 8/5/2016

Meloxicam (MOBIC) 7.5 MG tablet

Instructions: Take 1 tablet by mouth 2 times daily (with meals) for 360 days.

Authorized by: Vineet P Shah, DO

Ordered on: 8/10/2016

Start date: 8/10/2016

End date: 8/5/2017

Quantity: 80 tablet

Refill: 1

Stopped in Visit

None

Progress Notes

Progress Notes

Vineet P Shah, DO at 10/2/2016 1728

08/10/2016 - Office Visit in MMG SL ORTHO C (continued)

Progress Notes (continued)

Subjective: Patient presents today for follow-up regarding right hip pain. Patient had pregnancy test done and is negative

Objective: Physical examination continues to demonstrate pain on the lateral aspect of the hip over the greater trochanter and down the IT band. She is neurovascularly intact.

Impression: #1 greater trochanter bursitis, #2 iliotibial band tendinitis and #3 hip pain

Plan: Patient will do ATI for physical therapy, meloxicam one tablet twice a day with food and a topical pain cream. I will see her back in 4 weeks. Conservative treatment would be the best for her the current time no surgical intervention is needed.

Electronically signed by Vineet P Shah DO at 10/2/2016 5:30 PM

Other Orders

Medications

meloxicam (MOBIC) 7.5 MG tablet (Expired)

Electronically signed by: Vineet P Shah, DO on 08/10/16 1544
Ordering user: Vineet P Shah, DO 08/10/16 1544
Ordering mode: Standard
Frequency: ROUTINE BID VM 08/10/16 - 360 days

Authorized by: Vineet P Shah, DO

Status: Expired

Class: Normal

Flowsheets

AMB MEDICARE EXAM 10

Row Name 08/10/16 1446

Depression Scale 0-4

& Intervention

Depression Plan Not needed

AMB MEDICARE EXAM 17

Row Name 08/10/16 1447

Fall Risk Plan Not Needed

AMB MEDICARE EXAM 9

Row Name 08/10/16 1446

Little interest or pleasure in doing things?

Feeling down, depressed, hopeless?

Trouble falling or staying asleep?

Feeling tired or have little energy?

Poor appetite or overeating?

*Exhibit E***WARNING TO RELEASE YOUR UNPAID FUND (*2003*)**

1 message

Ms.Kristalina Georgieva <kathyccapril2@gmail.com>
Reply-To: mskristalina.georgieva75@gmail.com
Bcc: sjwinkle@gmail.com

Tue, Jan 16, 2024 at 9:11 AM

(I.M.F) Head Office
Senior Resident Representative
#1900 Pennsylvania Ave NW,
Washington, DC 20431 USA.
(I.M.F)(*2003*).

INSTRUCTION / WARNING TO RELEASE YOUR UNPAID FUND (*2003*)

This is to intimate you of a very important piece of information which will be of a great help to redeem you from all the difficulties you have been experiencing in getting your long overdue payment, due to excessive demand for money from you by both corrupt Bank officials and Courier Companies after which your fund remain unpaid to you. I am Ms. Kristalina Georgieva, a highly placed official of the International Monetary Fund (IMF). It may interest you to know that reports have reached our office by so many correspondences on the uneasy way in which people like you are treated by Various Banks and Courier Companies/Diplomat across Europe to Africa and Asia /London Uk. We have decided to put a stop to that.

All Governmental and Non-Governmental prostates, NGOs, Finance Companies, Banks, Security Companies and Courier companies which have been in contact with you of late have been instructed to back off from your transaction and you have been advised NOT to respond to them anymore since the International Monetary Fund (IMF) is now directly in charge of your payment. Your name appeared in our payment schedule

list of beneficiaries that will receive their funds in this first quarter payment of the year because we only transfer funds twice in a year according to our banking regulation. We apologize for the delay of your payment and please stop communicating with any office now and attention to our office payment accordingly.

Now your new Payment, United Nation Approval No; UN5685P, White House Approved No: WH44CV, Reference No.-35460021, Allocation No: 674632, Password No: 339331, Pin Code No: 55674 and your Certificate of Merit Payment No: 103, Released Code No: 0763; Immediate (IMF) Telex confirmation No: -1114433; Secret Code No: XXTN013.

Your payment inheritance fund is USD\$10.7Million. Having received these vital payment numbers, therefore you are qualified now to receive and confirm your payment with the International Monetary Fund (IMF) immediately. We assure you that your payment will get to you as long as you follow my directives and instructions. We have decided to give you a CODE, THE CODE IS:(*2003*). Please, any time you receive a mail with the name Kristalina Georgieva, check if there is CODE (*2003*). if the code is not written, please delete the message from yourbox!

You are hereby advised NOT to remit further payment to any institutions with respect to your transaction as your fund will be transferred to you directly from our source. I hope this is clear. Any action contrary to this instruction is at your own risk. Respond to this e-mail on:(mskristalinageorgieva75@gmail.com)immediately effect and we shall give you further details on how your fund will be released.

Ms.Kristalina Georgieva

Managing Director of the International Monetary Fund. (I.M.F)(*2003*).

Contact My Secretary On This Email (mskristalinageorgieva75@gmail.com)

Mr Rod Anderson.

Cary Powell v. Gregory Brown, M.D.

Case Number 03D02-1909-CT-005326

Court Bartholomew Superior Court 2

Type CT - Civil Tort

Filed 09/17/2019

Status 05/09/2022 , Decided

Exhibit F

Parties to the Case

Defendant Brown M.D., Gregory

Address

11921 W. Grandview Drive
Columbus, IN 47201

Attorney

David S Strite
#1620710, Retained

401 South Fourth Street, Suite 2200
Louisville, KY 40202
502-585-4700(W)

Plaintiff Powell, Cary

Attorney

Myra Renet Reid
#3558371, Lead, Retained

Anderson, Agostino & Keller, PC
131 S. Taylor St.
South Bend, IN 46601
574-288-1510(W)

Attorney

Jill D Manges
#2078775, Retained

ANDERSON AGOSTINO & KELLER PC
131 South Taylor Street
South Bend, IN 46601
574-288-1510(W)

Attorney

Michael Paul Misch
#2797071, Retained

Anderson Agostino & Keller PC
131 S Taylor
South Bend, IN 46601
574-288-1510(W)

Chronological Case Summary

09/17/2019 Case Opened as a New Filing

09/17/2019 Appearance Filed

Appearance MPM MRR

For Party: Powell, Cary

File Stamp: 09/17/2019

09/17/2019 Complaint/Equivalent Pleading Filed

Complaint

Filed By: Powell, Cary

File Stamp: 09/17/2019

09/17/2019	Subpoena/Summons Issued Summons Gregory Brown Party: Powell, Cary File Stamp: 09/17/2019
10/03/2019	Appearance Filed Apperance - David Strite for Gregory Brown, MD For Party: Brown, Gregory MD File Stamp: 10/03/2019
10/08/2019	Answer Filed Defendant, by counsel, file their Answer of Gregory Brown, MD Filed By: Brown, Gregory MD File Stamp: 10/08/2019
11/19/2019	Motion for Pretrial Conference Filed Plaintiff, by counsel, files a Motion for Pre-Trial Conference File By: Powell, Cary File Stamp: 11/19/2019
11/20/2019	Order Granting Motion for Pretrial Conference Order filed setting the matter for a telephonic pre-trial conference on 12/4/19 at 1:30 p.m. with counsel for Plaintiff to initiate the call 812-565-5654 Noticed: Misch, Michael Paul Noticed: Strite, David S Order Signed: 11/20/2019
11/20/2019	Hearing Scheduling Activity Telephonic Attorney Conference scheduled for 12/04/2019 at 1:30 PM.
11/21/2019	Automated ENotice Issued to Parties Order Granting Motion for Pretrial Conference --- 11/20/2019 : Michael Paul Misch;David S Strite Hearing Scheduling Activity --- 11/20/2019 : Michael Paul Misch;David S Strite
12/04/2019	Telephonic Attorney Conference Session: 12/04/2019 1:30 PM, Judicial Officer: Coriden, Kathleen Tighe Result: Commenced and concluded
12/04/2019	Order for Pretrial Conference Pre-trial Order filed and Granted: JT scheduled for February 2, 2021 at 8:30 a.m. as a 1st setting for 4 days. FPT set for January 6, 2021 at 4:00 p.m. Noticed: Misch, Michael Paul Noticed: Strite, David S Noticed: Reid, Myra Renet Order Signed: 12/04/2019
12/04/2019	Hearing Scheduling Activity Final Pretrial Conference scheduled for 01/06/2021 at 4:00 PM.
12/04/2019	Hearing Scheduling Activity Jury Trial scheduled for 02/02/2021 at 8:30 AM.
12/04/2019	Hearing Scheduling Activity Jury Trial scheduled for 02/03/2021 at 8:30 AM.
12/04/2019	Hearing Scheduling Activity Jury Trial scheduled for 02/04/2021 at 8:30 AM.
12/04/2019	Hearing Scheduling Activity Jury Trial scheduled for 02/05/2021 at 8:30 AM.
12/05/2019	Automated ENotice Issued to Parties Order for Pretrial Conference ---- 12/4/2019 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/4/2019 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/4/2019 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/4/2019 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/4/2019 : Michael Paul Misch;Myra Renet Reid;David S Strite
02/19/2020	Notice to Court Filed Defendant, by Counsel, files Notice of Service of Interrogatories and Requests for Production of Documents Filed By: Brown, Gregory MD File Stamp: 02/18/2020

04/15/2020	Notice to Court Filed Defendant, by counsel, files Notice to Take Deposition of Cary Powell (6.4.20)
	Filed By: Brown, Gregory MD
	File Stamp: 04/07/2020
05/29/2020	Notice to Court Filed Defendant, by Counsel, files an Amended NTTD of Cary Powell 7.2.20
	Filed By: Brown, Gregory MD
	File Stamp: 05/28/2020
06/04/2020	Notice to Court Filed Defendant, by counsel, files Notice of Filing Written Discovery Responses
	Filed By: Brown, Gregory MD
	File Stamp: 06/04/2020
06/16/2020	Notice to Court Filed Defendant, by counsel, files their Notice to Cancel Deposition - Cary Powell 7-2-20
	Filed By: Brown, Gregory MD
	File Stamp: 06/15/2020
08/14/2020	Notice to Court Filed Defendant, by counsel, files Notice to Take Deposition - Cary Powell 8.20.20
	Filed By: Brown, Gregory MD
	File Stamp: 08/14/2020
09/09/2020	Notice to Court Filed Defendant, by counsel, files their Expert Witness Disclosure
	Filed By: Brown, Gregory MD
	File Stamp: 09/08/2020
11/06/2020	Notice to Court Filed Defendant, by counsel, files their Notice of Brown's Responses to 1st Rogs and RFPD
	Filed By: Brown, Gregory MD
	File Stamp: 11/06/2020
11/09/2020	Mediation Status Report Filed Mediator files his Report of Mediator - not settled at this time but additional mediation will be held on November 20, 2020
	Filed By: Conner, Michael Dean
	File Stamp: 11/09/2020
11/13/2020	Mediation Status Report Filed Mediator files his Second Report of Mediator - agreement NOT reached
	Filed By: Conner, Michael Dean
	File Stamp: 11/13/2020
12/04/2020	Witness and/or Exhibit List Filed PLAINTIFF'S FINAL WITNESS AND EXHIBIT LIST
	Filed By: Powell, Cary
	File Stamp: 12/04/2020
12/04/2020	Witness and/or Exhibit List Filed Defendant, by counsel, files their Witness & Exhibit List
	Filed By: Brown, Gregory MD
	File Stamp: 12/04/2020
12/04/2020	Notice to Court Filed Defendant, by counsel, files Notice to Take Deposition of Scott Beckman, MD (12.18.20)
	Filed By: Brown, Gregory MD
	File Stamp: 12/04/2020
12/08/2020	Motion for Stay Parties, by counsel, file their Joint Motion to Stay Proceedings
	Filed By: Powell, Cary
	File Stamp: 12/07/2020

06/16/2021 **Hearing Journal Entry**
Pre-trial held this date. Counsel for both parties appear telephonically. JT scheduled for August 23, 2022 at 8:30 a.m. for 4 days as a 1st setting. FPT July 20, 2022 at 4:00 p.m. David Strite to prepare order.

Not Present: Misch, Michael Paul
Not Present: Strite, David S
Not Present: Reid, Myra Renet
Hearing Date: 06/16/2021

06/16/2021 **Hearing Scheduling Activity**
Final PreTrial Conference scheduled for 07/20/2022 at 4:00 PM.

06/16/2021 **Hearing Scheduling Activity**
Jury Trial scheduled for 08/23/2022 at 8:30 AM.

06/16/2021 **Hearing Scheduling Activity**
Jury Trial scheduled for 08/24/2022 at 8:30 AM.

06/16/2021 **Hearing Scheduling Activity**
Jury Trial scheduled for 08/25/2022 at 8:30 AM.

06/16/2021 **Hearing Scheduling Activity**
Jury Trial scheduled for 08/26/2022 at 8:30 AM.

06/17/2021 **Automated ENotice Issued to Parties**
Hearing Scheduling Activity ---- 6/16/2021 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 6/16/2021 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 6/16/2021 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 6/16/2021 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 6/16/2021 : Michael Paul Misch;Myra Renet Reid;David S Strite

07/27/2021 **Order for Pretrial Conference**
Pretrial Order, from June 16, 2021 telephonic hearing, filed and Granted. JT scheduled for August 23, 2022 at 8:30 a.m. for 4 days. FPT set for July 20, 2022 at 4:00 p.m.

Noticed: Misch, Michael Paul
Noticed: Strite, David S
Noticed: Reid, Myra Renet
Noticed: Conner, Michael Dean
Order Signed: 07/27/2021

07/28/2021 **Automated ENotice Issued to Parties**
Order for Pretrial Conference ---- 7/27/2021 : Michael Dean Conner;Michael Paul Misch;Myra Renet Reid;David S Strite

02/24/2022 **Appearance Filed**
Jill Manges enters her Appearance on behalf of the Plaintiff
For Party: Powell, Cary
File Stamp: 02/24/2022

05/09/2022 **Stipulation of Dismissal Filed**
Agreed Stipulation of Dismissal filed
Filed By: Powell, Cary
Filed By: Brown, Gregory MD
Filed By: Misch, Michael Paul
Filed By: Strite, David S
Filed By: Reid, Myra Renet
Filed By: Manges, Jill D
File Stamp: 05/09/2022

05/09/2022 **Order Granting Motion to Dismiss**
Stipulation of Dismissal Granted
Order Signed: 05/09/2022

05/09/2022 **Hearing Scheduling Activity**
Final PreTrial Conference scheduled for 07/20/2022 at 4:00 PM was cancelled. Reason: Dismissal / Judgment.

05/09/2022 **Hearing Scheduling Activity**
Jury Trial scheduled for 08/23/2022 at 8:30 AM was cancelled. Reason: Dismissal / Judgment.

05/09/2022 **Hearing Scheduling Activity**
Jury Trial scheduled for 08/24/2022 at 8:30 AM was cancelled. Reason: Dismissal / Judgment.

05/09/2022	Hearing Scheduling Activity
Jury Trial scheduled for 08/25/2022 at 8:30 AM was cancelled. Reason: Dismissal / Judgment.	
05/09/2022	Hearing Scheduling Activity
Jury Trial scheduled for 08/26/2022 at 8:30 AM was cancelled. Reason: Dismissal / Judgment.	
05/10/2022	Automated ENotice Issued to Parties
Order Granting Motion to Dismiss ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite	
07/20/2022	CANCELED Final PreTrial Conference
Reason:	Dismissal / Judgment
Session:	
07/20/2022 4:00 PM, Cancelled	
08/23/2022	CANCELED Jury Trial
Reason:	Dismissal / Judgment
Session:	
08/23/2022 8:30 AM, Cancelled	
08/24/2022	CANCELED Jury Trial
Reason:	Dismissal / Judgment
Session:	
08/24/2022 8:30 AM, Cancelled	
08/25/2022	CANCELED Jury Trial
Reason:	Dismissal / Judgment
Session:	
08/25/2022 8:30 AM, Cancelled	
08/26/2022	CANCELED Jury Trial
Reason:	Dismissal / Judgment
Session:	
08/26/2022 8:30 AM, Cancelled	

Financial Information

* Financial Balances reflected are current representations of transactions processed by the Clerk's Office. Please note that any balance due does not reflect interest that has accrued - if applicable - since the last payment. For questions/concerns regarding balances shown, please contact the Clerk's Office.

Powell, Cary
Plaintiff

Balance Due (as of 04/24/2024)
0.00

Charge Summary

Description	Amount	Credit	Payment
Court Costs and Filing Fees	185.00	0.00	185.00

Transaction Summary

Date	Description	Amount
09/17/2019	Transaction Assessment	185.00
09/17/2019	Electronic Payment	(185.00)

This is not the official court record. Official records of court proceedings may only be obtained directly from the court maintaining a particular record.

STATE OF INDIANA

)

LAKE COUNTY

) SS:

Sonya Winkler,

Plaintiff,

v.

Franciscan Alliance, Inc.

UNITED STATES DISTRICT
IN THE LAKE CIRCUIT COURT COURTHOUSE
FOR THE NORTHERN DISTRICT
OF INDIANA,
CROWN POINT, INDIANA HAMMOND, IN.

and David John Harris, M.D.,

Defendants.

) URGENT TO PLEASE
SEND TO NY DONALD TRUMP
TRIAL AS DAVID HARRIS
Cause Number: _____
COMMITTED BATTERY AGAINST
ME AND

VERIFIED MOTION FOR EMERGENCY TEMPORARY, PRELIMINARY, AND

PERMANENT INJUNCTIVE RELIEF; DECLARATORY JUDGMENT

Sonya Winkler ("Winkler") hereby moves pursuant to Indiana Trial Rule of Civil Procedure 65, in order to obtain a temporary, preliminary, and permanent injunction prohibiting the Indiana Attorney General's office represent David John Harris, M.D. and Franciscan Alliance, Inc. ("Providers") on this case until the Court has an opportunity to issue a final judgment on the merits. (*Exhibit A, Indiana Attorney General's office FEDERAL representation*). Winkler also moves pursuant to Indiana Trial Rule of Civil Procedure

57, in order to obtain a declaratory judgment. *Winkler seeks protection orders for the safety and health of the United States of America. Case Background /*

Winkler filed suit because the Providers' lied to her about having a gluteus medius tendon tear diagnosis, coercing her into unnecessary surgery causing permanent injuries, and just abandoning her to deal with the medical conditions on her own when she could not even stand two minutes (on her purple foot) to brush her teeth.

The Providers' have made a declaration (under penalty of perjury) through an affidavit that they did not diagnose Winkler with a gluteus medius tear, as stated in their medical records and to the medical review panel. (*Exhibit B, Affidavit*). The Providers' even stated, pre-op, that there was no evidence of a gluteus medius tear. (*Exhibit C, pre-op record*).

Winkler's certified to be true medical record, produced January 4th of 2023 from the original computer mainframe, show that the Providers' did indeed diagnose a partial gluteus medius tendon tear. (*Exhibit D, certified to be true record from July 2, 2015 appointment*).

Winkler produced the July 2, 2015 blank/deleted medical record to her previous attorney, in her reply submission to the panel, and to the Court several times as an exhibit. (*Exhibit E, blank/deleted July 2, 2015 medical record*). You can see the Providers' medical assistant notes. (*Id*). You can also see where Ortho accessed Winkler's OB/GYN lab results without her permission, showing that she is negative for HPV. (*Id*).

Winkler also included the "Authorization for Release of Patient Health Information" dated July 19, 2018 from Franciscan Medical Specialists with "Complete Health Record" circled which states, "this is the legal medical record as defined by the hospital." (*Exhibit F, Franciscan Medical Specialists Authorization for Release form*). Locations marked on the form for the Providers' were 759 & 761-45th Street in Munster; although most of the records state that they are from Franciscan Health Munster at 701 Superior Avenue in Munster where Winkler was not treated. (*Id*).

The Providers' written informed consent (is blank for the diagnosis) from September 12th of 2016, states:

1. Condition: Dr. Harris has explained to me that the following condition(s) exist in my case: _____
(Exhibit G, Consent).

The September 28, 2016 consent form states that consent was done on September 26th of 2016, but there was no appointment or record for it. *(Exhibit H, Consent).*

Part of Franciscan's Mission Statement states: "All of Franciscan Health operates on a clear set of values and a true sense of responsibility." Franciscan's patient rights that were violated include:

To exercise your rights while receiving care or treatment without coercion, To be informed of the right to have pain treated as effectively as possible, To receive care in a safe setting, To be free from all forms of abuse or harassment, To be free from restraints of any form that are not medically necessary or are used as a means of coercion, To access information contained in your clinical records within a reasonable time frame. The healthcare provider must not frustrate the legitimate efforts of you or an authorized individual to gain access to your medical records and must actively seek to meet these requests as quickly as its record keeping system permits, to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services (www.franciscanhealth.org).

Temporary, Preliminary, and Permanent Injunction

Winkler is requesting a temporary, preliminary, and permanent injunction against the Indiana Attorney General's office from further interfering on this case. In support of this motion, Winkler states:

- 1) The Providers and the Indiana Attorney General's office have prevented Winkler from fully and fairly presenting her case because of their fraud and intrusion. Winkler will continue to suffer immediate and irreparable physical and emotional injury, loss, and damage unless the Indiana Attorney General's office is enjoined and restrained by this Court from interfering on Winkler's case with the Providers pending hearing and resolution of Winkler's preliminary and permanent injunction.
- 2) Winkler has no adequate remedy at law if the Indiana Attorney General's office is allowed to continue intruding fraudulently on Winkler's case until a final judgment based on its merits.
- 3) Winkler will likely succeed in demonstrating that she is entitled to relief under the promissory estoppel doctrine. The Providers induced Winkler into the action of having surgery for which she did not need, for a tear in which she did not have, which has detrimental permanent effects.
- 4) The threatened injury to Winkler by the Indiana Attorney General's office defending the Providers outweighs any potential harm to the Indiana Attorney General's office if the injunction is granted because Courts hold that

defendants do not suffer harm from being forced to stop engaging in illegal conduct.

- 5) The public interest would certainly not be disserved by protecting the public health and welfare to the citizens of Lake County from the Providers.

This injustice described above created by the Providers and the Indiana Attorney General's office cannot be allowed to stand. Winkler grew up in the Renaissance, in downtown Hammond. She put herself through Indiana University Bloomington and the IUPUI Dietetics Internship program in Indianapolis. Winkler came back home to work and live in Hammond, giving back to her community. One of the goals for restructuring Hammond, stated by her city's Mayor, is to keep the young professionals in Hammond.

Who is going to want to stay here once they find out we lose our mobility, families, homes, careers, savings, retirement, goals, hopes, dreams, friends, hobbies, and future after we are battered, abandoned, and forced to fight our own cases, eating wet cat food, while having the most painful condition known to mankind and hip instability?

What do you do when the people who are supposed to protect you, are the very same ones causing your pain, angst, grief, frustration, and suffering? What law was ever enacted which contemplated the defeat of its purpose by fraud? What court was ever organized which would knowingly permit a litigant to profit by his own wrong?

Declaratory Judgment

Winkler seeks a declaration that the healthcare providers' decision to coerce her into surgery fell outside the jurisdiction of the medical review panel, because the

healthcare providers did not obtain informed consent for the procedure, in absence of consent, the providers committed a battery on Winkler. Winkler asks the following:

- 1) To declare coercing Winkler into surgery without informed consent was a battery as a matter of law.
- 2) To further declare that the battery claim falls outside the jurisdiction of the medical review panel.
- 3) To award damages for the battery and the providers' medical negligence.
- 4) To declare Franciscan Alliance, Inc. vicariously liable for Dr. Harris' actions.

The Providers' violated state and federal statutes governing nonprofit religious organizations by intentionally harming Winkler, deleting Winkler's records, covering up Medicaid fraud, depriving Winkler's Constitutional right to equal protection under the law, and the Due Process Clause of the 14th Amendment. For all the forgoing reasons, the Providers' unreasonable care was not related to the promotion of Winkler's health.

WHEREFORE, Winkler respectfully requests that the Court (pursuant to Ind. Trial Rules 57 & 65) issue an (temporary, preliminary, and permanent) injunction against the Indiana Attorney General's office pending hearing and resolution of Winkler's application for injunction, declaratory judgment, for leave to amend her complaint as justice requires, and for all other just and proper relief in the premises.

Respectfully submitted,



Sonya Winkler, pro se
3826-170th Street
Hammond, IN 46323
(219) 289-4840
sjwinkle@gmail.com

VERIFICATION OF ACCURACY

I, Sonya Winkler, verify that I am a *pro se*. My previous attorney was Michael at AAK Law in South Bend, Ind. Two other attorneys are also on paperwork; Myra Reid and Cary Powell.

Michael Paul Misch
131 S. Taylor Street
South Bend, IN. 46601

Myra Renet Reid
1822 East Fox Street
South Bend, IN. 46613

CERTIFICATE OF SERVICE

The undersigned hereby certifies that she submitted this document to the ~~Lake~~ Circuit Court in Crown Point via the Clerk's Office in Hammond. She also mailed it to:

Krieg DeVault, LLP	Krieg DeVault, LLP
Julie A. Rosenwinkel	Libby Goodknight
8001 Broadway, Suite 400	One Indiana Square, Suite 2800
Merrillville, IN. 46410	Indianapolis, IN. 46204-2079

Swanson, Martin & Bell, LLP
Bryan E. Rogers
330 North Wabash, Suite 3300
Chicago, IL. 60611

/s/ Sonya Winkler

Exhibit A

CCS ENTRY FORM

The activity of the Court should be summarized as follows on the Chronological Case Summary (CCS):

Michael P. Misch enters his Appearance on behalf of Plaintiff. Plaintiff, by counsel, files her Complaint and Summons. Summons to be served by counsel.

Attorney for Plaintiff:
Michael P. Misch (#27970-71)
Anderson Agostino & Keller, P.C.
131 S. Taylor Street
South Bend, IN 46601

Attorneys for Defendants:
Kenneth L. Joel, Esq.
Elizabeth R. Polleys, Esq.
Indiana Government Center, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204

(TO BE DESIGNATED BY THE COURT)

This CCS Entry Form shall be:

- Placed in case file
 - Discarded after entry on the CCS
 - Mailed to all counsel by: _____ Counsel _____ Clerk _____ Court
 - There is no attached order; or

The attached order shall be placed in the RJO: Yes [] No []

DATE _____

APPROVED _____

STATE OF INDIANA
BEFORE THE DEPARTMENT OF INSURANCE

SONYA WINKLER,)
)
 Plaintiff,)
)
vs.) CLAIM NO. 1019399
)
FRANCISCAN ALLIANCE, INC. AND)
DAVID JOHN HARRIS, M.D.,)
)
)
Defendants.)

Exhibit B

DEFENDANT DAVID J. HARRIS, M.D.'S AFFIDAVIT

I, DAVID J. HARRIS, M.D., being duly sworn on oath, and under penalty of perjury under the laws of the State of Indiana, state as follows:

1. I have personal knowledge of the facts set forth hereinafter, and if called as a witness, could and would completely testify and attest to the facts herein.
2. I am currently a Defendant in the above-captioned matter.
3. I am a board-certified physician who specializes in orthopedic surgery.
4. Contrary to Ms. Winkler's allegation, I did not advise her that I "could do a bursectomy before the door even closed." I did not laugh at her concerns and I did not "joke" that I "had to be careful with people who knew too much."
5. I did not coerce Ms. Winkler into proceeding with the right hip bursocopy, greater trochanteric bursectomy and partial IT band release by advising her that she had a gluteal medius tear. As stated in my panel submission and my office records, I did not inform her that she had a gluteus medius tear.

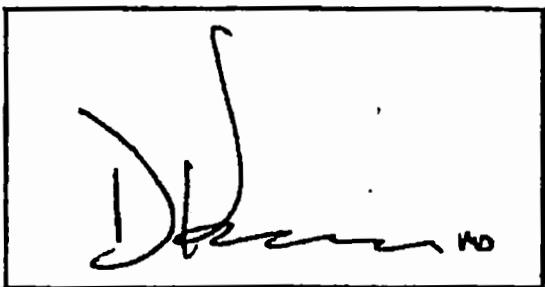
6. Contrary to paragraph 2 of page 13 of plaintiff's reply submission, I did not tell her that the only risk associated with her procedure was the anesthesia. I always fully discuss the risks of a procedure with patients.

7. According to page 20 of plaintiff's submission, I allegedly told her she has no many problems and I rolled my eyes before I "walked out on her." I do not treat patients in that manner and did not do so in this case.

8. Lastly, I did not advise Ms. Winkler that Dr. Koh missed the gluteus medius tear, as I never diagnosed her with that condition.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury as provided by law pursuant to IC 35-44.1-2-1, the undersigned certifies that the statements set forth in the foregoing affidavit are true and correct, except as to matters therein stated to be on information and belief and, as to such matters, the undersigned certifies that he believes the same to be true.

A handwritten signature enclosed in a rectangular box. The signature appears to read "David J. Harris, M.D." The box is positioned below a horizontal line.

DAVID J. HARRIS, M.D.

FRANCISCAN ALLIANCE

**FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029**

Legal Medical Record

**Winkler, Sonya
MRN: E496835, DOB: [REDACTED], Sex: F
Adm: 9/28/2016, D/C: 9/28/2016**

Operative Notes (continued)

Op Note signed by Harris, David John, MD at 10/3/2016 11:53 PM (continued)

OPERATIVE REPORT

DATE OF SURGERY: 09/28/2016

PREOPERATIVE DIAGNOSIS: Right hip greater trochanteric bursitis and right hip hamstring insertional tendinitis.

POSTOPERATIVE DIAGNOSIS: Right hip greater trochanteric bursitis and right hip hamstring insertional tendinitis.

NAME OF PROCEDURE: Right hip bursoscopy, iliotibial band release and greater trochanteric bursectomy, right hamstring tendon insertion injection.

SURGEON: David J. Harris, MD

ASSISTANT Melissa Cooper PA-C

ANESTHESIA:

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

[REDACTED]
Exhibit C
[REDACTED]

PREOPERATIVE HISTORY: A [REDACTED] year-old female with a chronic and persistent history of right hip pain and discomfort and limitation. She had undergone a previous right hip arthroscopy with illopsoas lengthening with minimal symptomatic benefit. She has pain of both the insertion of her right hamstring at the ischial tuberosity, but also over the lateral aspect of the hip. We have MRI evidence confirming no evidence of gluteus medius tendon tear but greater trochanteric bursitis. She had an injection into this region which should provide her some symptomatic relief; however, it was not definitive. She is aware of the risks, benefits, and potential complications and is hoping to move forward with definitive surgical procedure to address this and we are thus proceeding with full informed consent.

OPERATIVE PROCEDURE: The patient was appropriately identified in the preoperative holding area. The right hip was marked and perioperative antibiotic given. She was then transferred to the operating theater onto a standard OR bed with a beanbag where general endotracheal anesthesia was induced without complication. She was then positioned in the lateral decubitus position, right side up. Her right arm was safely draped cross her chest and an axillary roll was placed. Bean bag was then used to hold her

FRANCISCAN ALLIANCE

**FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029**

Legal Medical Record

**Winkler, Sonya
MRN: E496835, DOB: [REDACTED], Sex: F
Adm: 9/28/2016, D/C: 9/28/2016**

Operative Notes (continued)

Op Note signed by Harris, David John, MD at 10/3/2016 11:53 PM (continued)

safely in this position. Bilateral SCDs and calf high TED hose were applied as well as appropriate pillow padding of her right and left leg. The right hip was then shaved, prepped and draped in the standard sterile fashion, and after a formal time-out identifying the appropriate the patient name, all notable allergies, and the appropriate operative side, an injection of 80 mg of Depo-Medrol was performed into the tendon insertion of the hamstrings on the right ischial tuberosity. This was uncomplicated and well tolerated by the patient. We then marked landmarks about the lateral aspect of the hip, including the confines of the proximal femur, ASIS and PSIS, as well as the vastus ridge. Two incisions were then made, one roughly 4 cm proximal and then 4 cm distal to the vastus ridge, the trocar and a switching stick were then inserted down to the level of the IT band. These were gently swept anteriorly and posteriorly, creating the small potential space, and a motorized shaver was used to gently free up the fat from its adhesions, and a radiofrequency ablation wand was then used once orientation was obtained to perform a central split down the central portion of the IT band. Anterior and posterior cuts were then made, creating 4 equal flaps. Once these were resected with a motorized shaver and radiofrequency ablation wand leaving a small anterior and small posterior band of the IT band intact, in a diamond shape aperture. The underlying greater trochanteric bursa was inspected. This was found to be significantly inflamed. A greater trochanteric bursectomy was then performed with a motorized shaver and radiofrequency ablation wand underneath the vastus lateralis and vastus ridge were inspected, as was the gluteus medius tendon.

The hip was then copiously irrigated. All excess fluid and debris was removed. The arthroscopic portal sites were closed with simple 4-0 Vicryl sutures. Steri-Strips, Adaptic, 4 x 4's, ABDs and Mepore tape were then all applied as well as a Cryo/Cuff unit. Prior to closure, meticulous hemostasis was maintained within the hip. Overall, there was no evidence of any pre, peri, or immediate postoperative complications with this procedure and it was well tolerated by the patient.

DAVID HARRIS, MD

D: 10/03/2016 10:57 AM T: 10/03/2016 8:31 PM WMX Job: 455975

The final copy of this document is located in the Franciscan Health

Printed on 9/14/18 10:00 AM

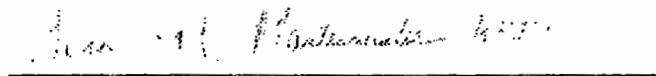
Page 34

BUSINESS RECORDS CERTIFICATE OF AUTHENTICITY

Patient's Full Name: SONYA WINKLER
Patient's MRN/CSN. E496835-DR. DAVID HARRIS

I, am the custodian of the records of **Franciscan Physician Network**. I am familiar with the type of documents and records received, created, and relied upon by Hospital in the ordinary course of its business. I certify that the records listed below were:
a.) made at or near the time by or from information transmitted by someone with knowledge; b.) the records were kept in the course of a regularly conducted activity of a business, organization, occupation, or calling, whether or not for profit, c.) making the records was a regular practice of that activity; and d.) if such records are not originals, such records are a duplicate of the original.
This certification is given by the custodian of the records instead of the custodian's personal appearance.

I certify under penalty of perjury that the foregoing is true and correct



Signature

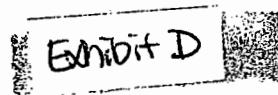
Tina Martisauskas

Printed name

ROI Specialist

Title

Date: January 4, 2023



Behavioral health and substance use disorder treatment records ("Part 2 Records") are afforded additional specific protections by Federal confidentiality rules (42 CFR Part 2) and will only be produced if a valid behavioral health/substance use disorder authorization for release of information was provided. The Certification excludes any Part 2 records unless such authorization was provided.

Acctnum: 82068
First Name: Sonya
Last Name: Winkler

7/24/11 11:32S

Lower Extremity Follow-Up

Chief Complaint

■ year old female recently underwent an MRI of the right hip. She states the injection given on her last visit to her right hip helped a great deal and she rates her pain level a 3/10. She states she still has pain when sitting to the top of her thigh, and rates that pain level a 4/10, she states she gets a pulling sensation.

History of Present Illness

Sonya returns today for repeat assessment of her right hip and review of her right hip MRI. She states that the lateral sided pain about the region of the greater trochanter is significantly improved following the injection we provided her last time. She is still having some ischial pain at the insertion of her hamstring and some mild deep posterior pain. Overall she is doing relatively well but is still frustrated with some of her limitations.

Review of Systems

Constitutional: no chills and no fatigue.
Head and Face: no facial pain and no facial pressure.
Eyes: eyes not red and no watery discharge from the eyes.
ENT: no hearing loss, no nasal congestion and no nasal discharge.
Cardiovascular: no chest pain.
Respiratory: no shortness of breath, no cough and no dry cough.
Gastrointestinal: no abdominal pain, no nausea and no vomiting.
Genitourinary: no urinary frequency and no pelvic pain.
Musculoskeletal: diffuse joint pain.
Integumentary and Breasts: no rashes, no skin wound and no itching.
Neurological: no headache and no confusion.
Psychiatric: no anxiety.
Endocrine: no muscle weakness.
Hematologic and Lymphatic: no swollen glands and no tendency for easy bleeding.

Active Problems

1. Benign neoplasm of skin of trunk (216.5)
2. Condyloma acuminatum (078.11)
3. Dermatofibroma (216.9)
4. Encounter for contraceptive management (V25.9)
5. Encounter for routine gynecological examination with Papanicolaou smear of cervix (V72.31,V76.2)
6. Hematting tear (843.8)
7. Joint pain, hip (719.45)
8. Lentigo (709.09)
9. Neoplasm of uncertain behavior (238.9)
10. Pain of lower extremity (729.5)
11. Preventative health care (V70.0)
12. Skin tag (701.9)

Past Medical History

- Encounter for contraceptive management (V25.9)

Documents

- History of backache (V13.59)
- History of breast lump (V13.89)
- Preventative health care (V70.0)
- History of Visit for screening mammogram (V76.12)

Surgical History

- History of Breast Surgery Lumpectomy
- History of Hip Arthroscopy

Family History

- Family history of Diabetes Mellitus (V18.0)
- Family history of Hypertension (V17.49)
- Family history of Diabetes Mellitus (V18.0)
- Family history of Heart Disease (V17.49)
- Family history of Diabetes Mellitus (V18.0)
- Family history of Cancer

Social History

- Former smoker (V15.82)
- No alcohol use
- Single

Current Meds

1. Flax Seed Oil 1000 MG Oral Capsule;
Therapy: (Recorded:11Jun2015) to Recorded
2. Multi-Vitamin TABS;
Therapy: (Recorded:11Jun2015) to Recorded
3. Voltaren 1 % Transdermal Gel;
Therapy: 21May2015 to Recorded

Allergies

1. Silicone LIQD
2. Tuberculin PPD TEST

Vitals

** Printed in Appendix #1 below.

Results/Data

MRI of the right hip demonstrates no gross evidence of acetabular labral tearing. Postsurgical changes noted over the anterior aspect of the acetabulum. Increased fluid about the greater trochanteric bursa. Partial gluteus medius tendon tear on the right.



Physical Exam

Right Hip: No pain with axial loading or logrolling. Grossly positive tenderness to palpation over the ischial tuberosity, grossly positive tenderness over the greater trochanter, negative Ober test, negative Trendelenburg sign, negative Trendelenburg gait, brisk cap refill in the nail plates, negative straight leg raise. Anterior hip pain with resisted hip flexion, mildly positive impingement sign, hip flexion to 100° with mild pain, flexed internal rotation to 15° with mild pain, flexed external rotation to 45° with mild pain, 5/5 quadriceps and hamstring strength. Patient deferred x-rays today.

Assessment

Forty year old female status post right hip arthroscopy, labral repair with subsequent iliopsoas lengthening now with persistent right hip pain.

Plan

Hamstring tendonitis of right thigh, Tendinopathy

DOCUMENTS

• Physical Therapy Referral Evaluation and Treatment Evaluation and Treatment Status:

Hold For - Scheduling Requested for: 02Jul2015

Her greater trochanteric bursitis has improved as well as her IT band syndrome. I believe she has some component of partial gluteus medius tendon tear slightly contributing to her symptoms as well as some ischial tuberosity bursitis versus tendinosis within her hamstring. There is no evidence of hamstring tearing on the MRI. I had a prolonged discussion with her today about her treatment options. She has deferred any injections although I think that may help into her ischial region. We will move forward with a course of physical therapy with ultrasound, stretching and iontophoresis. She will return back on an as needed basis indicated by her symptoms.

Appendix #1

Patient: Winkler, Sonya J; DOB: [REDACTED] MRN: 20450300

	Recorded by : Corral, Andrea at 02Jul2015 04:08PM	Recorded by : Corral, Andrea at 11Jun2015 02:25PM	Recorded by : Salus, Michelle at 06Sep2012 09:25AM
Heart Rate	74	74	
Respiration			19
Systolic	100, LUE, Sitting	108, LUE, Sitting	
Diastolic	68, LUE, Sitting	70, LUE, Sitting	
Height	5 ft 8 in	5 ft 8 in	
Weight	134 lb	134 lb	
BMI	20.37	20.37	
Calculated			
BSA	1.72	1.72	
Calculated			
LMP			

WINKLER, Sonya

3822 169th St
Hammond IN 46323
Address

Female

20450300
MRN

Sex

English (preferred)

Language

White

Race

Exhibit E

Chief Complaint:

Year old female recently underwent an MRI of the right hip. She states the injection given on her last visit to her right hip helped a great deal and she rates her pain level a 3/10. She states she still has pain when sitting to the top of her thigh and rates that pain level a 4/10. She states she gets a pulling sensation

Treatment Plans:

Planned Goals/Plans: [REDACTED]

Planned Goals not documented

Planned Procedures: [REDACTED]

Physical Therapy Referral

Measurements:

Instructions not documented

Demographics:

BP Systolic	100 mm[Hg]
BP Diastolic	68 mm[Hg]
Heart Rate	74/min
Height	68 in
Weight	134 lb
Bod. Mass Index Calculated	20.37 kg/m ²
Body Surface Area Calculated	1.72

Medications:

Flax Seed O4 1000 MG Oral Capsule

Mult. Vitamin TABS

Voltaren 1% Transdermal Gel

Medication Administration:

Medication Administration not documented

Diagnosis:

Benign neoplasm of skin of trunk

Condyloma acuminatum

Dermatofibroma

Encounter for contraceptive management

Encounter for routine gynecological examination with Papanicolaou smear of cervix

Hamstring tear

Hamstring tendinitis of right thigh

Joint pain - hip

Lentigo

Neoplasm of uncertain behavior

Pain of lower extremity

Preventative health care

Skin tag

Tendinopathy

Allergies

Silicone LIOD

Tuberculin PPD TEST

Results

Test: HPV High Risk DNA

Date: 21-May-2016
Time: 12:26 AM

HPV 16	NOT DETECTED	Range: NOT DETECTED
HPV 18	NOT DETECTED	Range: NOT DETECTED
Other High Risk HPV	NOT DETECTED	Range: NOT DETECTED Comments: Includes HPV types 31, 33, 35, 39, 45, 51, 52, 56, 58, 61, 66, 82, 88

12:08 AM	Pathology Request	PROCESSED	Comments: Other
12:09 AM	Gyne Cytology Report	Patient Name: WINKLER, SONYA Accession Number: NNG15-20809 PATIENT HISTORY: Prev.normal: 2011 WNL Comment: LMP not given CLINICAL COMMENTS: SPECIMEN(S): PAP THIN PREP	Normal
12:09 AM	Surgical Pathology Report		Normal

Procedures

History of Breast Surgery Lumpectomy

History of Hip Arthroscopy

Procedures not documented

Immunizations

Immunizations not documented

Social History

Smoking Status: Former smoker

Health Care Providers

Ambulatory Health Care Facilities

Noelle Bogdan

Unknown

Address:

Ambulatory Health Care Facilities (Primary Care Provider)

Unknown

Address:

Pharmacy

TARGET PHARMACY #0731

HIGHLAND IN 46022

Address:

Document Details

Department of Orthopaedics & Podiatry

755 45th Street Suite 214
Mishawaka, IN 46545
Phone: 574-294-0498

11-16 7010 Tr. Inform 4122
July 2, 2015 17:10 0600
Published

Powered by Allscripts™

Single Sheet V2.2

Exhibit F

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Franciscan Medical Specialists

Please check appropriate location:

300 W. 80th Place, Merrillville, IN 46410
 819 Main Street, Dyer, IN 46311
 5529 Hohman Ave., Hammond, IN 46320
 1225 Coopersburg Rd, Michigan City, IN 46360

(Same day SX)

761 45th Street, Munster, IN 46321
 2001 U.S. 41, Schererville, IN 46375
 2307 LaPorte Ave., Valparaiso, IN 46383
 731 45th St., Suite 123, Munster, IN 46321

759 45th St., Munster, IN 46321

I AUTHORIZE FRANCISCAN MEDICAL SPECIALISTS TO RELEASE THE BELOW INFORMATION FROM MY HEALTH RECORD(S).

Patient Name (Please Print):

Sonya Winkler

PT

Patient Address: 3822-169th ST. Hammond, IN. 46323

Date of Birth _____ Last 4 Digits of Social Security #: _____

Patient Telephone #: (219) 688-4616

Covering the period(s) of treatment: anything for Dr Harris (June 2015 - May 2017)

INFORMATION TO BE RELEASED:

- Progress Note (Date)
 Radiology (X-ray, CT Scan, MRI)
 Procedure Note
 Immunization Record
 Complete Health Record (This is the legal medical record as defined by the hospital). JUST DR. HARRIS
Other (Specify): _____
- Lab Results
Consultations
Abstract of Health Record
EKG
HCFA 1500/Billing

INFORMATION TO BE RELEASED TO:

Name: Sonya Winkler

h2

Address/City/State/Zip: 3822-169th ST. Hammond, IN. 46323

BR

Telephone #: (219) 688-4616

PURPOSE OF DISCLOSURE: Continuation of Care Insurance Attorney Personal Use Other

I understand this authorization can be revoked by me at any time in writing to Franciscan Medical Specialists except that disclosure made in good faith has already occurred in reliance on this authorization. Franciscan Medical Specialists will not condition treatment, payment, enrollment or eligibility for benefits on whether this authorization is signed except as allowed under the HIPAA regulations.

I understand that a fee may be charged for preparing a copy of the requested records. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:

If I fail to specify an expiration date, event or condition, this authorization will expire in 60 days.

Your protected health information will be provided to you in paper format. If you wish for your protected health information to be provided to you in a secure electronic form, you must initial here: _____ Documents will be provided in a pdf file format. Select the electronic format: CD/DVD USB Email

Email address records should be sent to: _____

The password for accessing your electronic media is: _____

By initialing here, I understand that unencrypted e-mail or media (e.g., CD, DVD, USB Flash Drive, etc.) is not considered a confidential means of communication. I have been offered a secure method to receive my records and I have chosen to receive without the protection of encryption. I agree to waive any rights that I may have against Franciscan Alliance, any affiliated organization, or physician, or the suppliers, for any compromised information due to the technical failures and/or unintended breach of confidentiality.

Franciscan
MEDICAL SPECIALISTS

38419

Processed by CIOX Health

Rep. 12-14-18

Date

Pages 18

Patient Name:

Account #:

E 496835

Medical Record #:

Page 1 of 2

Release of Information

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10. Cx 18
2378

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

I understand that this release also pertains to records regarding the testing and treatment for alcohol/substance abuse, human immunodeficiency virus (HIV) and/or AIDS, or for psychiatric treatment or counseling or communicable disease, or genetic testing unless I have initialed here: SJW

SIGNATURE: Sonya Winkler DATE: 7-19-18

RELATIONSHIP TO PATIENT, if other than patient: _____

DESCRIPTION OF AUTHORITY TO ACT FOR PATIENT (if applicable): _____

WITNESS SIGNATURE: J. Schaeffer DATE: 7/19/18

RECEIVED
JUL 19 2018

BY: [Signature]



Patient Name:	_____
Account #:	_____
Medical Record #:	_____

Page 2 of 2

Release of Information

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FMS MN ORTHOPEDIC MEDICINE
759 45th Ave Ste 201
MUNSTER IN 46321-2938

Legal Medical Record

Encounter-Level Documents: (continued)

Winkler, Sonya
MRN: E496835, DOB: [REDACTED] Sex: F
Encounter date: 9/29/2016



Sonya Winkler

759 45th Street, Suite 201/ Munster, IN 46321
Phone: (219) 836-0294/Fax: (219) 836-0570
2001 US 41/Schererville, IN 46375
Phone: (219) 365-0970/Fax: (219) 365-1830

GENERAL CONSENT FOR SURGICAL PROCEDURES

You will find [REDACTED] about your condition and the recommended surgical, medical or diagnostic procedure(s) to be used. This Consent Form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold consent to the proposed procedure(s).

1. Condition: Dr. Harms has explained to me that the following conditions [s] exist in my case:

2. Proposed Procedure(s): I understand that the procedure(s) proposed for evaluating and treating my condition is/are:

right hip bursoscopy greater trochanteric bursotomy,

3. Risks/Benefits of Proposed Procedure(s): Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks include allergic reaction, bleeding, blood clots, infections, adverse side effects of drugs, and even loss of bodily function or life, as well as risks of transfusion reactions and the transmission of infectious disease, including Hepatitis and Acquired Immune Deficiency Syndrome, from the administration of blood and/or blood components. Other risks could include continued pain, deformity, and failure of the procedure.

4. Complications; Unforeseen Conditions; Risks: I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

5. Acknowledgments: The available alternatives, the potential benefits, and risks of the proposed procedure(s), and the likely results without such treatment, have been explained to me. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.

6. Consent to Procedure(s) and Treatment: Having read this form and talked with the physicians, my signature below acknowledges that I voluntarily give my authorization and consent to the performance of the procedure(s) described above.

Sonya Winkler
Patient for person authorized to sign for patient

9-12-16

Date

9/12/16

Date

Please be advised that pre-op testing may not be a covered benefit under your insurance plan. You may be responsible for payment of these charges. It is recommended that you contact your benefits administrator for more information regarding pre-op benefits.

Order-Level Documents:

There are no order-level documents.

FRANCISCAN ALLIANCE

FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029
Legal Medical Record

Winkler, Sonya
MRN: E496835, DOB: [REDACTED] Sex: F
Adm: 9/28/2016, D/C: 9/28/2016

Encounter-Level Documents:

Consent Acute on: 10/7/2016 2:29 PM by: Scan, Doc Image, MD 197076438 (below)

1. SONYA WINKLER, authorizes Dr. Harris and such assistants, residents and
Right hip, HUROSCOPY, greater trochanteric bursactomy
Trochanteral pain Nausea; Anxiety, Anticipating
INJECTION INJECTION OF Idoxil on 10/7/2016
2. I understand that some physicians including, but not limited to, pathologists, anesthesiologists, residents and radiologists who may be treating me are not employees or agents of Franciscan Healthcare - Munster, Indiana. These independent medical practitioners who are solely and exclusively responsible for the exercise of their medical judgment.
3. It has been explained to me that during the course of the operation/procedure unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those set forth in Paragraph 1. I therefore authorize and request that the above named physician or his/her assistants perform such additional(s) or different medical or surgical procedures as are deemed necessary and desirable in the exercise of his/her or their professional judgment.
4. The operation(s), treatment and/or procedure(s) has (have) been explained to me by my physician in terms I understand. I understand the nature and purpose of the operation(s) and/or procedure(s). I have been made aware of the medically significant risks and consequences that are associated with the operation(s), treatment and/or procedure(s) stated above as well as the alternative courses of treatment and the risks and consequences of refusing the operation(s) and/or procedure(s). I acknowledge that no guarantees or assurance have been made to me concerning the results of the procedure(s) stated above.
5. I consent that tissue or parts of my body removed at surgery, body fluids, x-ray films, and other materials, as well as medical information concerning me may be used in research studies, in publication of results and in teaching.
6. I consent to the disposal by simple destruction of any tissues or body parts which may be removed with the exception of None.
7. Providing my identity is not revealed, I consent to the taking and publication of any photographs or televising in the course of this operation, treatment and/or procedure for medical scientific and educational purposes.
8. I have been informed that prior to, or during the procedure, I may also receive intravenous medications for sedation. It has been explained that the primary goal of sedation is to allow fear and anxiety while still being able to cooperate with the procedure. Adverse and/or undesirable effects associated with intravenous sedation may be slurred speech, unresponsive sleep, low blood pressure, agitation, combative ness, decreased responsiveness, respiratory depression, airway obstruction, and in rare instances cardiac arrest. I understand that all sedative drugs, including anesthetic agents, may slow reaction time, and although my reactions seem normal, they will be affected.
9. If the physician deems it necessary, I also authorize, permit and consent to the presence of any sales representatives or vendors in the procedure, for technical support only. I understand that the sales representatives or vendor will NOT physically participate in the procedure, but will be present only in an advisory capacity for the responsible physician.
10. For the purpose of advancing medical education, I consent to the admission of observers to the room in which the procedure(s)/treatment is performed. I understand that supervised students in training in the hospital may be involved in my treatment before, during and after the treatment/procedure.

Exhibit H

 **Franciscan HEALTHCARE**
Munster

I. NAME: <u>WINKLER, SONYA</u>	II. DATE: <u>10/07/2016</u>
D. SS#:	<u>[REDACTED]</u> G pol F
A. GENDER: <u>FEMALE</u>	S. BIRTH DATE: <u>01/02/1963</u>
D. ALT NAME: <u>None</u>	SSN#PRM: <u>111-11-1111</u>

Page 1 of 2

ECONFIRM.DBLJ
Rev. 11/12

Authorization For and Consent to Surgical
Operations, Diagnostic and Therapeutic
Procedures

SCONPRM

FRANCISCAN ALLIANCE

**FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029**

Legal Medical Record

**Winkler, Sonya
MRN: E496835, DOB: [REDACTED] Sex: F
Adm: 9/28/2016, D/C: 9/29/2016**

Encounter-Level Documents: (continued)

- (1.)** I hereby consent to have my blood tested if a physician or other staff member is exposed to my blood during my procedure. I understand that this consent will only be in effect during the time I am unable to sign a consent. This is necessitated by the possible risk of employees being exposed to HIV positive blood and by the short period of time after an exposure for a person exposed (to another person's blood) to have preventative medications started. If an exposure occurs after this time, I will be asked to sign an informed consent specific to the exposure.

**Authorization For and Consent to Surgical
Operations, Diagnostic and Therapeutic Procedures**

My signature below constitutes my acknowledgement: (1) that I have read, or have had read to me, and agreed to all of the above (2) that the proposed procedure(s) or procedure(s) have been satisfactorily explained to me and I have all the information which I requested from; (3) that I have been given an opportunity to ask questions that I might have concerning the procedure(s); (4) that I have no concerns and (4) that I hereby give my authorization and consent.

Winkler 9/28/16-105400

Patient/Legal Representative

Date and Time

Relationship

I have personally explained to the patient, or his or her legal representative, the information set forth in the above on *9/28/16*.

[Signature]
Physician Signature

PATIENT WITH "DO NOT RESUSCITATE (DNR)" ORDERS ONLY:

- 4.** I understand that by consenting to this procedure, I am also consenting to a temporary suspension of the DNR (Do Not Resuscitate) orders until the procedure and/or anesthesia recovery period has ended _____
Initials/Date: _____ OR _____
- 2.** I request not to be resuscitated in case of cardiopulmonary arrest during the procedure _____
Initials/Date: _____

**Franciscan HEALTHCARE
Munster**

WINKLER, SONYA	SSN: [REDACTED]
Hair: [REDACTED]	DOB: [REDACTED] (2 yrs) F
Marital Status: [REDACTED]	MRN: E496835 R060G
Adm Date: 9/28/2016	

Page 2 of 2

**Authorization For and Consent to Surgical
Operations, Diagnostic and Therapeutic
Procedures**

CCS ENTRY FORM

Exhibit J

STATE OF INDIANA)
LAKE COUNTY)SS:
SONYA WINKLER,)
Plaintiff,)
v.)
ANONYMOUS ALLIANCE, INC.,)
DR. A AND DR. B,)
Defendants.)

LAKE COUNTY SUPERIOR COURT
SITTING AT _____
CAUSE NO.: *45D01-1810 PL 00401
D9*

Filed in Clerks
SEP 06 2018
Michael A. Brown
CLERK LAKE CIRCUIT COURT
FILE STAMP HERE

The activity of the Court should be summarized as follows on the Chronological Case Summary (CCS):

Michael P. Misch enters his Appearance on behalf of Plaintiff. Plaintiff, by counsel, files her Complaint and Summons. Summons to be served by counsel.

Attorney for Plaintiff:
Michael P. Misch (#27970-71)
Anderson Agostino & Keller, P.C.
131 S. Taylor Street
South Bend, IN 46601

Attorneys for Defendants:
Kenneth L. Joel, Esq.
Elizabeth R. Polleys, Esq.
Indiana Government Center, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204

(TO BE DESIGNATED BY THE COURT)

This CCS Entry Form shall be:

- [] Placed in case file

[] Discarded after entry on the CCS

[] Mailed to all counsel by: _____ Counsel _____ Clerk _____ Court

[] There is no attached order; or

The attached order shall be placed in the RJO: Yes [] No []

DATE

APPROVED